

National Nutrition Month Order form



for
Health Departments



Name _____

County Health Dept. _____

Address _____

City _____ State _____ Zip code _____

E-mail address _____

Please send me a National Nutrition Month packet which includes Childhood Nutrition tear pad and MyPyramid posters for Pregnancy and Breastfeeding, Preschoolers, Adults, Children, and the adult poster in Spanish.

Mail, e-mail, or fax order form to:

Kansas Beef Council
Attn: Heidi Wells, R.D., CSSD, L.D.
6031 SW 37th Street
Topeka, KS 66614

kbc@kansasbeef.org

Fax (785) 273-3399

