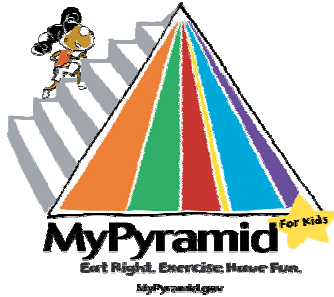


National Nutrition Month Order form



for School Nurses



Name _____

School _____

Address _____

City _____ State _____ Zip code _____

E-mail address _____

Number of student books _____ (Up to 25 per school)

Please send me a National Nutrition Month packet which includes ZIP Student Books, ZIP Teacher Guide, MyPyramid tear pad and a MyPyramid poster Children.

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

