

# National Nutrition Month Order form



Name \_\_\_\_\_

Company \_\_\_\_\_

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

