

HEALTHCARE ASSOCIATION of HAWAII
Emergency Management Program

REQUEST for TRAINING MATERIALS

		Date of request (MM/DD/YYYY):	
Name of Requester		Telephone Number:	
Ship to address:			
City		State: HI	Zip Code:
E-mail address:		Date shipped (HAH use only)	
Quantity	Unit of Issue	Description	Issued
_____	Each	<i>Prepare for Disaster</i> ; DVD format disk; Healthcare Association of Hawaii	
_____	Bundle of 100 each	<i>Plan to be Ready: The Hawaii Family Guide to Health Emergencies</i> ; booklet; Hawaii State Department of Health	

TERMS and CONDITIONS of ISSUE

These training materials were developed and purchased with US Government funds.

1. These materials may be used only in support of organizational employee, medical staff and volunteer orientation and training. Use in support of public education, patient & family education, or for public distribution is prohibited.
2. These materials may not be sold, transferred or otherwise exchanged without the prior written consent of the Healthcare Association of Hawaii.
3. There is no charge for materials provided to a Hawaii-based health care organization, clinic or medical office practice.
4. Please allow 14 days for processing and shipment.

FAX to (202) 536-5011