

**TOBACCO PREVENTION AND CESSATION PROGRAM
COLLATERAL MATERIAL REQUEST FORM**

FILL OUT ALL INFORMATION. Requests for collateral materials and brochures must be submitted on this form, and received via e-mail to Lachanda.Norris@arkansas.gov or via fax at 501-280-4040 **at least three weeks before the event.**

Due to budgetary constraints, TPCP cannot provide for all of your promotional needs and can only provide collateral materials to organizations and businesses that want to educate about the dangers of tobacco use. Organizations and businesses should also consider other sources for collateral materials. If you do not use all the materials provided please return them to our program. Thanks!

Date: / /2012

Name of organization:

This organization is... (check all that apply): CHNS _____ Tobacco Prevention Funded _____ ADH Unit _____ CHPS _____ Coordinated School Health _____ Employee Wellness Effort _____ UAPB Funded _____ Coalition _____ Other State Agency (explain) _____ Other, please explain _____

Address (If **AHD** unit, provide courier no.)

Contact Name:

E-mail:

Telephone:

Name of event:

Date and Location:

What county (ies) will your event service?

Describe target population:

Estimated number of people served; please note that this differs from the number of event attendees:
Number of people served in previous years:

Will the event be advertised?

Where and when will the ads run?

Will there be any special media coverage of the event? Explain.

Will the ads mention Stamp Out Smoking? If yes, how?

How will the event positively impact any one of the goals areas of Tobacco Prevention and Cessation (check one and explain)?

1. Prevent the initiation of tobacco use among youth _____
2. Promote cessation among adults _____
3. Eliminate exposure to secondhand smoke _____
4. Identify and eliminate disparities related to tobacco use among different populations _____

Any item of a particular nature requested? E.g. Spanish materials.

FOR OFFICE USE ONLY:

Approved:
Items/numbers provided

Denied/ Reason for Denial: