

# Arizona WIC Program Vendor Order Form

If you would like copies of any of the following training aids/materials, please indicate the items(s) the amount you need and mail or fax to:

Arizona Department of Health Services  
Bureau of Nutrition Program and Physical Activity  
Attn.: Vendor Management Team  
150 North 18<sup>th</sup> Avenue, Suite 310  
Phoenix, Arizona 85007  
Fax: (602) 542-1890

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## ORDER SECTION

- \_\_\_\_\_ WIC Program Food List (English/Spanish) Booklets
- \_\_\_\_\_ "WIC APPROVED" shelf markers (visual aide for WIC participants) (100 per roll)
- \_\_\_\_\_ "WIC APPROVED" shelf markers (visual aide for WIC participants) (hanging, 4 squares per sheet)
- \_\_\_\_\_ "WIC APPROVED" shelf markers (visual aide for WIC participants) (hanging, 8 squares per sheet)
- \_\_\_\_\_ "WIC APPROVED" shelf markers (visual aide for WIC participants) (Bubble/100 package)
- \_\_\_\_\_ WIC Decals (Window Cling) English
- \_\_\_\_\_ WIC Decals (Window Cling) Spanish
- \_\_\_\_\_ WIC Vendor Manual (A reference book for Vendors)
- \_\_\_\_\_ WIC Vendor Manual (CD FORMAT)
- \_\_\_\_\_ WIC Vendor Video (English Version)
- \_\_\_\_\_ WIC Vendor Video (Spanish Version)
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Remember to provide the store number, if applicable, and name of contact person.

### Please mail supplies to:

Store Name: \_\_\_\_\_ Attn: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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