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FASD MATERIAL REQUEST FORM

EMAIL TO:
Marketing Department

EMAIL:
marketing@bcldb.com

COMPANY:
BC Liquor Distribution Branch

PHONE NUMBER:
604-252-8726

I/we would like to request the following FASD materials:

- | <input checked="" type="checkbox"/> | BROCHURE/POSTER: | QUANTITY: |
|-------------------------------------|--|-----------|
| <input type="checkbox"/> | Alcohol and Pregnancy [Brochure] | _____ |
| <input type="checkbox"/> | Alcohol and Pregnancy Don't Mix [Poster] | _____ |

PLEASE SEND THE REQUESTED FASD MATERIALS TO THE FOLLOWING ADDRESS:

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

EMAIL: _____

I have received FASD material from the BC Liquor Distribution Branch in the past

NOTES/COMMENTS: _____
