

Please **email** the completed Resource Order Form to:

[healthpromotion@purchasepoint.com.au](mailto:healthpromotion@purchasepoint.com.au)

or **fax** to 8234 0988

or **post** to: Purchase Point Australia

10 Aristotle Close

GOLDEN GROVE 5125



## Get Healthy Information and Coaching Service®

Print Resource Order Form for South Australia

| ITEM   | CODE –<br><i>Office use only</i> | Maximum per<br>order | Quantity ordered |
|--|----------------------------------|----------------------|------------------|
| Brochure – DL folded<br>              | GH001                            | 200                  |                  |
| Flyer – DL single page<br>            | GH002                            | 200                  |                  |
| A3 Poster – Man shopping<br>         | GH003                            | 10                   |                  |
| A3 Poster – Man walking dog<br>     | GH004                            | 10                   |                  |
| A3 Poster – Woman cutting veg 1<br> | GH005                            | 10                   |                  |
| A3 Poster – Woman cutting veg 2<br> | GH006                            | 10                   |                  |
| A3 Poster – Families<br>            | GH007                            | 10                   |                  |

**Please complete the following details.**

**Contact person**

**Position**

**Organisation name**

**Street address** (PO Box not suitable)

**Suburb**

**Postcode**

**e-mail address**

**Telephone**

**Date items are required** (allow 7 to 10 working days to be processed)

(dd/mm/yy)

*If items are required for a specific date (e.g. event), ensure you allow a minimum of 10 working days before this date for your items to be available for collection or received.*

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**Complete this section if you wish to collect the resources from the warehouse**  
(Purchase Point Australia, 27 Furness Ave, Edwardstown SA 5039)

**Name of person collecting the resource(s)**

**Date to be collected**

(dd/mm/yy)

**e-mail address**

**Telephone**

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**Your answers to the questions below will assist SA Health to manage resources for the Get Healthy service.**

**1. Type of organisation** (Please tick)

|   |  |
|---|--|
| <input type="checkbox"/> Community organisations, Local Government (Councils), and Community and neighbourhood houses and centres | <input type="checkbox"/> SA Health – LHN / Hospital / Community Health / GP Plus |
| <input type="checkbox"/> Medicare Locals / Primary Health Networks / GP Networks  | <input type="checkbox"/> Health – Private<br>GP / Allied Health / Hospital       |
| <input type="checkbox"/> State Government departments or programs   | <input type="checkbox"/> Education - University, TAFE                            |
| <input type="checkbox"/> Other (Please describe)  |  |

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