

AREA 4 AIDS PROGRAM OFFICE
Prevention and Testing Materials Order Form

PICK UP ADDRESS: 515 WEST 6TH STREET JACKSONVILLE, 32206

QUANTITY		TYPE of Materials	Staff initial
		<i>CONDOMS, LUBRICANT</i>	
BOX	BAG	<input type="radio"/> TROJAN NATURAL	
BOX	BAG	<input type="radio"/> TROJAN MAGNUM (X-Large)	
BOX	BAG	<input type="radio"/> ONE LEGEND (X-Large)	
BOX	BAG	<input type="radio"/> ONE CLASSIC	
BOX	BAG	<input type="radio"/> ONE FLAVORED	
BOX	BAG	<input type="radio"/> LIFESTYLES TUDEDOS	
BOX	BAG	<input type="radio"/> LIFESTYLES NON-LATEX	
		<input type="radio"/> FEMALE CONDOM (100 per Bag)	
		<input type="radio"/> DENTAL DAMS*	
		<input type="radio"/> LUBRICATION (100 SINGLE USE PACKAGES)*	
		<i>TESTING SUPPLIES</i>	
		<input type="radio"/> ORASURE*	
		<input type="radio"/> SURECHECK	
		<input type="radio"/> CONTROL KITS (FOR RAPID TESTS)	
		<input type="radio"/> 1628 FORMS	
		<i>BROCHURES</i>	
		<input type="radio"/>	
		<input type="radio"/> HIV FACTS	
		<input type="radio"/> STD FACTS	
		<input type="radio"/> PARTNER SERVICES	
		<input type="radio"/> HIV/STD FACTS FOR TEENS	
		<input type="radio"/> CONDOM BASICS	
		<input type="radio"/> OTHERS	
		<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	
		<i>INCENTIVES (may be unavailable)</i>	
		<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	

AGENCY: _____ PHONE: _____

STAFF NAME: _____ EMAIL: _____

AIDS PROGRAM OFFICE STAFF: _____

DATE: _____

** Limited Availability – call first to check stock.
BOX contains 1000 condoms*

BAG contains 250 condoms

Fax # (904) 253-1991

Distribution hours – Tuesday & Thursday 9am-12 noon.