

**OKLAHOMA SYSTEMS OF CARE
PUBLICATIONS SUPPORT REQUEST FORM**

Date Requested _____ Date Needed _____

Systems of Care site _____

Contact Person _____ Ext. _____

Name/Type of Project _____

TYPE OF PROJECT

- Postcard
- Brochure
- Flyer
- Other _____

THIS PROJECT IS

- New publication
- Reprint of existing publication with changes

QUANTITY AND DELIVERY

Quantity Requested _____

- This project will be mailed in an envelope
- This project will not be mailed (distributed during event or from local site)
- This project is a self-mailer
- This project requires a Mail Back Reply Card

SIZE REQUIREMENTS

Size of publication _____

This publication will be

- Full color
- Black/white
- Other (indicate specific colors) _____

Email or fax this form back to:

Lynn Goldberg, Communication & Events Specialist
ODMHSAS Children, Youth and Families/Systems of Care

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