

# VAPING CAMPAIGN REQUEST FORM

BROUGHT TO YOU BY PARTNERS IN PREVENTION

**THANKS FOR YOUR INTEREST IN THIS CAMPAIGN!**

**PLEASE INDICATE BELOW WHAT PART(S) OF THE CAMPAIGN YOU'RE REQUESTING...**

- ☐ **DRAFT LETTER FROM PRINCIPAL TO COMMUNITY**
- ☐ **DIGITAL COPY OF VAPING BROCHURE**
- ☐ **CHECK HERE IF YOU'D LIKE TO INCLUDE 1/2 PAGE OF INFORMATION FROM YOUR ORGANIZATION ON THE BACK OF THE BROCHURE**
- ☐ **DIGITAL IMAGES OF BILLBOARDS (PNG FILES)**
- ☐ **SOCIAL MEDIA POSTS (JPEG FILES)**
- ☐ **DIGITAL COPY OF POSTER SERIES**
- ☐ **CHECK HERE IF YOU'D LIKE THEM PRINT READY, WHICH HAS CROP & BLEED MARKS**
- ☐ **CHECK HERE IF YOU'D LIKE A DIGITAL VERSION WITHOUT CROP & BLEED MARKS (JPEG FILE)**
- ☐ **COMMUNITY EVENT GUIDE**
- IF YOU'D LIKE ALISON TO SPEAK TO YOUR COMMUNITY, PLEASE CONTACT US BELOW**
- \*ADDITIONAL SPEAKING FEE TO COVER TRAVEL/TIME**
- ☐ **WE WOULD LIKE TO INCLUDE OUR LOGO ON EVERYTHING**
- IF SO, PLEASE EMAIL US THE HIGHEST RESOLUTION, DIGITAL COPY (JPEG OR PNG) OF YOUR LOGO**

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**BY CHECKING THIS BOX & RETURNING THIS FORM, YOU ARE AGREEING TO THE TERMS OF THIS CAMPAIGN PACKAGE AND WILL SUBMIT PAYMENT UPON RECEIVING THE INVOICE.**

**COMMUNICATIONS AND SPECIAL PROJECTS**

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