



Community Programs Order Form

Today's Date \_\_\_\_\_

Please indicate which program you are ordering and the number of items you require. Go to www.kpti.org to find more information about these programs. PLEASE NOTE: We ship only to New England and Bermuda.

Other Languages (specify) \_\_\_\_\_

Order form grid with checkboxes and input fields for items like Bike Rodeo Manual, I'm Safe On My Bike, First Aid/CPR Chart, Pediatric Emergency Management Card, Car Seat Stickers, Helmet Stickers, Electric Outlet Covers, Early Childhood Injury Prevention, Bullying Prevention, Concussion Information, and Key Clubby Bears.

Please provide a street address (no PO Box). We ship FedEx.

Form fields for Name, Name of Kiwanis Club or Org., Address, City, State, Zipcode, Phone, and Email.

Please allow 3 weeks for delivery.

Please provide the name(s) and address(es) of organization(s) to whom you are distributing the KPTI materials.

Kiwaniis Pediatric Trauma Institute

Tufts Medical Center
800 Washington Street, #344
Boston, MA 02111

T 617.636.6381

F 617.636.8321

kptiorders@tuftsmedicine.org

**1.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**2.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**3.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**4.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

**5.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ state \_\_\_\_\_ Zipcode \_\_\_\_\_

**6.** Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Please email or print and mail/fax this form to KPTI.  
Fax: 617.636.8321  
Email: [kptiorders@tuftsmedicalcenter.org](mailto:kptiorders@tuftsmedicalcenter.org)

