

RPS Order Form



Department of Human Services | Radiation Protection Services
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Portland, OR 97232-2162
Phone: (971) 673-0490 | Fax: (971) 673-0553
Website: www.healthoregon.org/rps



NOTE: All items are available by PREPAYMENT ONLY!

Name: _____ **Mailing Address:** _____

Company: _____

E-mail Address: _____

Phone Number: _____

<u>QTY</u>	<u>Option</u>	<u>Product</u>	
___	list/labels/disk/E-mail	The Oregon Radioactive Materilas list or labels	(QC546 71300 70450 2715 AY09)\$75 each*
___	list/labels/disk/E-mail	The Oregon X-Ray Facilities list or labels	(QC546 71300 70450 2715 AY09)\$75 each*
___	list/labels/disk/E-mail	The Oregon Tanning Facilities list or labels	(QC546 71300 70450 2715 AY09)\$75 each*
___	book/disk	The Oregon Rules for the Control of Radiation	Not Available in printed form, see website
___	book only	Environmental Radiological Surveillance Report - Volume I	(QC546 71300 70450 2200 AY09)\$25 each*
___	book only	Environmental Radiological Surveillance Report - Volume II	(QC546 71300 70450 2200 AY09)\$15 each*
___	book only	Environmental Radiation Surveillance Report on Oregon's Terrestrial Environment	(QC546 71300 70450 2200 AY09)\$25 each*
___	Copies (\$0.25/page)	Freedom of Information Act Requests	(QC546 71300 70450 2200 AY09) _____

PRICES: * Listings and Labels are \$75 each for the first list or set of labels. Each additional set of labels requested at the time of purchase are \$25 per 1,000 labels or a minimum of \$25. Listings are ALPHABETICAL; labels are in ZIP-CODE ORDER and SELF-ADHESIVE.

Diskettes (3 1/2") and **E-mail** attachments are available in ASCII, MS Word Merge, or specify another possible format: _____

The charges as shown above cover the cost of printing, data processing and handling. **Always use this form when ordering.** Please feel free to duplicate this form.

Make **prepayment** checks payable to the **DHS PUBLIC HEALTH DIVISION** and mail with this order form to:

DHS Public Health Division
Business Services
P.O. Box 14260
Portland, OR 97232-0450