**FEMALE GENITAL SCHISTOSOMIASIS BEDSIDE POSTER ORDER FORM**

*We hope to be able to honour your application as we have limited funds for this, first come - first serve. Kindly e-mail to* *mail@pocketatlas.org*

**Name of SASOG 2016 participant/ Responsible health professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Title\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical address of poster recipient:**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical (courier) address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, entrance \_\_\_\_\_\_\_\_\_\_\_\_

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**Landline + Cell number of person on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A2 = Height = app 84 cm Width = 60 cm

A1 = Height = app 120 cm Width = 84 cm – recommended if distance to clinician is 1.5 metres or more

A0 = Height = app 168 cm Width = 120 cm – recommended if distance to clinician is 2 metres or more

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| **Institution: Investigation room (I) / teaching room (T), other, please explain.** | Available wall space (e.g. Height =1.5m x Width =1 m) | Distance from investigator’s position to wall where poster will hang (e.g. 2m) | Size: A2 orA1 orA0 |
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