

**Nevada WIC Program Vendor Order Form**

If you would like to order any of the following materials, please indicate the item(s) along with the quantity you need and email to: **WICGeneral@health.nv.gov**

**Order Options:**

[ ]  “WIC Approved” shelf tags



[ ]  “WIC Accepted Here” lane markers 4.5 X 2.5 QTY: \_\_\_\_\_\_\_\_\_

[ ]  “WIC Accepted Here” door sign 7.5 X 5.5 QTY: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remember to provide the store number and name of contact person.

**Please mail supplies to:**

Store Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_