

## Charla de Lupus (Lupus Chat)<sup>®</sup> Program

MATERIALS REQUEST FORM		
Name:		Date:
Phone Number:		Email:
Organization/Doctor's Office:		Address:
Number of Charla Brochures Requested:	Number of Charla Teen Booklets Requested:	Number of Charla Flyers Requested:
Comments About the Materials:		
Other Information:		

***\*\*Please complete and fax this form to Charla de Lupus (Lupus Chat)<sup>®</sup> at 212-774-2333 or e-mail this form to [charla@hss.edu](mailto:charla@hss.edu).***