



DVD Order Form

Post Polio Care: Past, Present and Future

With Dr. William DeMayo, MD. and Dr. Daniel Wilson, PhD.
(\$10.00 includes US shipping)

Your Name: _____

Email Address (optional): _____ Phone: _____

Mailing Address:

Street: _____ Apt / Bldg # _____

City: _____ State: _____ Zip: _____

Please Make Check Payable to:

Pa. Polio Survivors

Mail to:

3365 Lace Leaf Dr.
Doylestown, Pa. 18902

www.papolionetwork.org

Contact us: papolionetowork@gmail.com (or) 215-858-4643

(Pennsylvania Polio Survivor's Network is a registered 501C3 organization)

Our Mission Statement States our Goal:

“To Be in Service Providing Information to Polio Survivors, Post Polio Support Groups, Survivor's Families and their Caregivers”.

We hope this opportunity to receive and learn from this information provides a service for all survivors and caregivers who need it.

The Pa. Polio Network Team

(Do not write below this line. It is for Pa. Network Team to complete upon receipt)

Date Order Received _____ Check # _____

Date DVD Shipped: _____ Method of Shipment: _____

Shipping Cost: _____