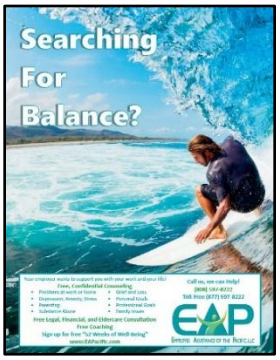
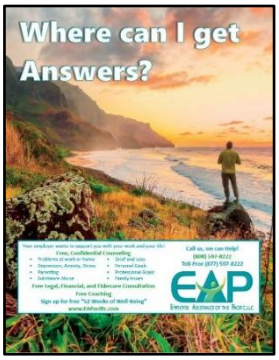
Poster Order Form

Employee Assistance of the Pacific, LLC

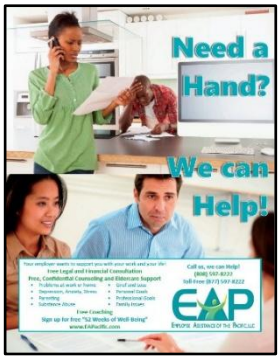
Fax to us at **(808) 597-8230**
Or Email to us at **info@eapacific.com**



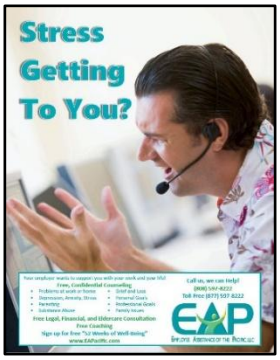
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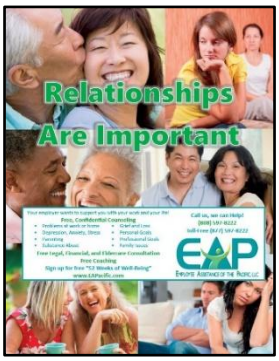
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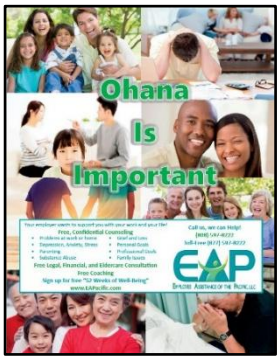
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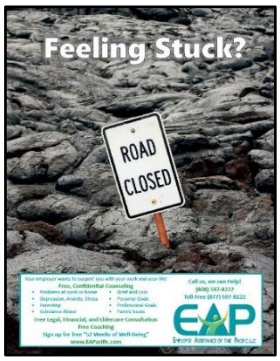
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Desired Quantity ____



Desired Quantity ____



Desired Quantity ____



Desired Quantity ___



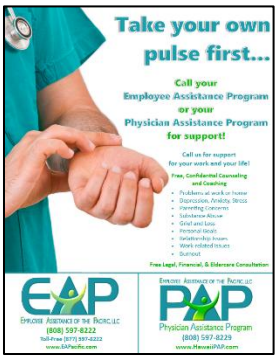
Desired Quantity ___

For our PAP customers



Desired Quantity ____

For our EAP/PAP customers



Desired Quantity ____

Let us know how many copies you would like for the employee-facing area(s) of your work sites!

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Phone: _____ Email: _____