

**Early Hearing Detection & Intervention (EHDI) Publications Order Form**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Materials requested:**

<b>Publication</b>	<b>Quantity</b>
Newborn Hearing Screening General Brochure	
“What’s the Next Step?” for Parents	
Communicate with Your Child	

**Please Fax or Mail Your Order to:**

**The Alaska Early Hearing Detection and Intervention Program**  
State of Alaska, Section of Maternal, Child, and Family Health  
3601 C Street, Suite 322  
Anchorage, AK 99503  
(907) 269-2273  
**(907-269-3432) FAX**

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