Facility and Contact Information (Please print or type)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name |  | | | |
| Facility |  | | | |
| Mailing Address |  | | | |
| Mailing Address |  | | | |
| City, State, Zip | City | State | | Zip |
| Telephone/Fax | Phone: | | Fax: | |
| Email |  | | | |

Please read and initial:

|  |  |
| --- | --- |
|  | Due to the value of the contents, I, we agree to keep all Tote Bags in inventory in a secured area |
|  | Contents in the Tote Bag will not be removed by the facility staff |
|  | Tote Bags will be given to the family of the victim who is in the ICU due to moderate to severe brain injury |
|  | No additional documents will be added to the Tote Bag unless permission is obtained from the Brain Injury Resource Center of Wisconsin |
|  | No advertisements are permitted in the Tote Bag |
|  | I, we agree to provide any feedback to enhance or add to the contents of the Tote Bag directly to the Brain Injury Resource Center of Wisconsin |
|  | I, we agree to notify the Brain Injury Resource Center of Wisconsin when a Tote Bag is distributed. This data is used to track issuance numbers only and to generate inventory replenishment data |
|  | I, we agree to have our facility listed on the Brain Injury Resource Center of Wisconsin’s website as a participant in the Tote Bag Program |

After the above information has been completed, please return via one of the methods listed below:

Fax 262-436-1747

Email: admin@bircofwi.org

Initial inventory consists of three complete Tote Bags. Shipping and Handling is paid for by the Brain Injury Resource Center of Wisconsin. Donations to defer the cost of the Tote Bag/Contents, and/or shipping as always welcome and appreciated.

TBPPF (Rev 3-2021)