SURVEILLANCE ORDER FORM 2011

Agency name:	Agency code:
Ordered by:	
Please type	e or print your name
MOSQUITO POOL TESTING	
Number of mosquito pools to	be tested x \$20.00 = \$
	Davis for WNV, SLE, & WEE. Any unspent testing local agency upon request to MVCAC.
CHICKEN BLOOD TESTING	
*Please note that CDPH will now	be handling blood testing directly.
************	******************
This Form and Total Payment Du	ue to MVCAC by January 21, 2011: \$
Payment: Check	Credit Card
Credit Card Number	Exp
Cardholder Name	
Check here if your billing a	address is the same as your district address. If not, fill out bel
Address	
City, State, Zip	
FAX OR MAIL TO:	
MOSQUITO AND VECTOR CONTROL ASS	SOCIATION OF CALIFORNIA
1215 K STREET, SUITE 2290	

TEL: (916) 440-0826 FAX: (916) 231-2141

SACRAMENTO, CA 95814