TREATMENT PERCEPTIONS SURVEY

Paper Surveys Shipment Form – For TPS County Coordinator Use ***Only!***

Please email this completed form to Marylou Gilbert (MarylouGilbert@mednet.ucla.edu).

TPS County/regional model coordinator or Sender:

Name:_____ Title:_____

Agency/Department:_____

Address:_____

Phone number:_____ Email:_____

Number of boxes/envelopes/padded paks you will ship, including the size (small, medium, or large) and **approximate weight** of each box/envelope:

☐ Small box; how many approximate weight of each
☐ Medium box; how many approximate weight of each
☐ Large box; how many approximate weight of each
☐ Small envelope; how many approximate weight of each
☐ Med envelope; how many approximate weight of each
☐ Large envelope; how many approximate weight of each
☐ Small pak; how many approximate weight of each
☐ Med pak; how many approximate weight of each
☐ Large pak; how many approximate weight of each
☐ We will use our own packaging; how many approximate weight of each

Additional shipping info:_____

FedEx Pick up or Drop off - Please indicate your preference:

☐ We will be scheduling a FedEx pick up on this date:
TO SCHEDULE A PICK UP PLEASE CALL/ARRANGE WITH FED EX DIRECTLY AT: 800-463-3339

☐ We will drop off the box(es)/package(s) at a FedEx facility/drop off on this date: