



**STARTER KIT
Request Form
W.S.O. Inc.
P.O. Box 9999
Van Nuys, CA 91489**

Today's Date _____ **Country** _____ **Language** _____

I request the following information:

- Starter Kit (booklet and free information)**
- Nearest N.A. meeting and phone number.**
- Address of local hospitals and institutions service committee.**

Mailing Address: **Name** _____
 Street _____
 City _____ **State** _____ **Zip** _____
 Country _____