



2008 Fall Flu Clinic Registration – Public Site

Thank you for partnering with Health Hope Network to sponsor an immunization clinic in your community. Please complete the fields below and return this form via US Mail to Health Hope Network, The Pennsylvanian, 1100 Liberty Ave, Suite E-200, Pittsburgh. PA 15222 or fax it to 412-904-3037.

1. Preferred clinic date between September 28 and December 5, 2007 We will do our best to accommodate the date(s) you request.	
2. Preferred clinic time (specify AM or PM) We will do our best to accommodate the time(s) you request. If you are planning more than one clinic date, please specify the time for each clinic.	
3. Estimated # of Flu Shots	
4 Company/Organization name	
5 Clinic site (if different than field 4)	
6 Clinic contact	
7 Clinic contact phone number	8 Clinic contact fax
9 Site contact (if different than field 6)	
10 Site contact phone	11 Site contact fax
11. Clinic address (please include street, city, zip) 	
12. County where clinic will take place	
13 Is on-site refrigeration available at clinic site? (please circle one) Yes No	
14 Special delivery instructions for supplies and vaccine? (please circle one) Yes No If yes, briefly explain:	

Please note: Health Hope Network is a 501 (c)(3) organization. Any profits from the FLU B•GONE campaign go directly to helping stroke survivors and their caregivers in our region through the Stroke Survivor Connection Program.

14. Clinic registrant signature: _____ **15. Date:** ____ / ____ / ____