Make your voice heard on childhood vaccines

Childhood Vaccines - Community Engagement Meeting

The Centers for Disease Control and Prevention (CDC) wants to hear from you.

The CDC is asking for public input about what values, priorities and needs the CDC should use when setting the childhood vaccination schedule.

The meningococcal (meningitis) vaccine will be the focus and the following options will be discussed:

- Making childhood meningitis vaccines available to those who seek it
- Promoting vaccination to those most at risk
- Implementing a widespread immunization program

WHEN:
Tuesday, July 12, 2011
9:30 am to 3:15 pm.
Registration begins at 9:00 am.

WHERE:
Shoreline Conference Center
Shoreline Room
18560 1st Ave NE, Shoreline, WA 98155
Directions: www.shorelinecenter.com

FREE:
There is no fee to participate. Lunch will be provided. We are unable to provide daycare services.

REGISTER:
To register online:
http://keystone.org/registration/seattle

To register by phone: **1-866-276-7083**

To register by fax: 1-**970-262-0152**

Those who pre-register and attend the full meeting may be eligible to receive $75.00 stipend.

Participating Organizations: Advisory Committee on Immunization Practices (ACIP) | Centers for Disease Control & Prevention (CDC) | Washington State Department of Health | The Keystone Center

We need your voice!

Childhood Vaccines
Community Engagement
Meeting
Shoreline, WA
July 12, 2011

To register by phone: 1-866-276-7083
To register by fax: 970-262-0152
To register online: http://keystone.org/registration/seattle

Name: Title/Org:

Mailing Address:

City:

State, Zip Code:

Phone: Email:

To help us understand the backgrounds of our participants, please provide the following information (optional):

Age: (check one) ❑18-30 years ❑31-50 years ❑51 and above

Gender: (check one) ❑Male ❑Female

Ethnicity: (you may select more than one category):

❑Asian or Pacific Islander ❑Black (or African American) ❑Hispanic or Latino/a
❑Mixed Race ❑White ❑Other

Completing this pre-registration and attending this meeting qualifies non-professional attendees for a stipend of $75.00. Do you request the stipend? (mandatory, check one):

❑ Yes ❑ No

Lunch will be provided during the meeting. Please indicate below if you have any special dietary requirements.

❑ I have special dietary requirements. Please specify:

Do you have any special needs (for example: translation services or building access needs)?
If so, please specify:

Please submit any comments or questions that you may have in the space provided below.