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## 2009-2010 Corporate Flu Vaccination Program Reservation and Information Request

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ **Please Reserve Flu Vaccine** for our employees for this season

\_\_\_\_\_ **Approximate Quantity**

\_\_\_\_\_ **Not Interested** at this time.

\_\_\_\_\_ **Keep me Updated** on new developments for the upcoming flu season

\_\_\_\_\_ **Please Contact me** regarding this year's flu vaccination program

**FAX this form to 203-929-7531**

Online Form Available at our Dedicated Program Website  
<http://flu.stvincentsworkcare.org>

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**Program Contact: Mercedes Curina, Business Manager: 203-337-3434**