



National Immunization Awareness Month Activity Form



If you are planning a National Immunization Awareness Month (NIAM) activity or event, we'd like to hear about it. Please complete this form if you would like to have it posted on the DSHS Immunization Branch NIAM webpage. Once the form is completed, please submit it to Linc Allen, Coalitions and Partnerships Coordinator, via email at linc.allen@dshs.state.tx.us.

Organization Name:	
Name of Activity:	
Date and Time of Activity:	
Physical Address of Activity:	
Activity Description:	
Restrictions: <i>i.e. Which vaccines are available?, What populations can participate?, Are there age restrictions? Is there any required documentation?</i>	
Activity Contact Name:	
Activity Contact Email:	
Activity Contact Phone:	
Web Address of Activity:	
Target Audience:	<input type="checkbox"/> Patients/General Public <input type="checkbox"/> Health Care Providers <input type="checkbox"/> Media <input type="checkbox"/> Local Community Residents <input type="checkbox"/> Community Leaders



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<p>Type of Activity:</p>	<p>_____ News Conference</p> <p>_____ Health Fair</p> <p>_____ Volunteer Recognition</p> <p>_____ Coalitions Meeting</p> <p>_____ Fundraising Event</p> <p>_____ Television Program</p> <p>_____ Radio Program</p> <p>_____ Professional Training</p> <p>_____ Volunteer Recruitment and Training</p> <p>_____ Public Education</p> <p>_____ Parent/Caregiver Education</p>
<p>Community Partner Listing for Events with Multiple Partners:</p>	