

# Order Essential Immunization Resources from IAC

**Immunization record cards for all: for children & teens, for adults, for a lifetime!**

Immunization record cards offer healthcare professionals a way to help patients maintain a permanent record of their vaccinations. Patient-held cards are handy for patients when they enter daycare or school, change healthcare providers, or travel abroad.

We offer three record cards: child & teen, adult, and lifetime. Each is designed for a specific age group and lists all vaccines recommended

for people in the age group. Sized to fit in a wallet, each is brightly colored to stand out and is printed on durable rip-, smudge-, and water-proof paper.

To order record cards or any of our other essential immunization resources, print out and mail or fax the form below or place your order online at [www.immunize.org/shop](http://www.immunize.org/shop).

**It's convenient to shop IAC online at [www.immunize.org/shop](http://www.immunize.org/shop)**

## Order Essential Immunization Resources

### CD-ROM of IAC print materials

FREE with a contribution of \$75 or more (see below). The CD contains all of IAC's ready-to-print materials in English and any translations available in Spanish. Includes VISs in English and Spanish.

### Laminated U.S. Immunization Schedules

(details p. 3; call for discounts on bulk orders)

Qty.		Amt.
___ R2008	Child/teen schedule: 1-4 copies—\$10 each; 5-19 copies—\$6.50 each ... \$	___
___ R2009	Adult schedule: 1-4 copies—\$10 each; 5-19 copies—\$6.50 each..... \$	___

### Padded Questionnaires for Vaccine Contraindications

English on one side/Spanish on the other

(details p. 3; call for discounts on bulk orders)

100 sheets/pad; 1 pad—\$16; 2 pads—\$12 each; 3 pads—\$11 each; 4 pads—\$10 each

___ R4060	Child/teen screening questionnaire in English/Spanish .....	\$	___
___ R4065	Adult screening questionnaire in English/Spanish.....	\$	___

### Patient Immunization Record Cards – (wallet-sized)

(details p. 3; call for discounts on bulk orders)

250 cards/box; 1 box—\$37.50; 2 boxes—\$35 each; 3 boxes—\$32.50 each; 4 boxes—\$30 each

___ R2003	Child/teen immunization record cards .....	\$	___
___ R2005	Adult immunization record cards .....	\$	___
___ R2004	Lifetime immunization record cards .....	\$	___

### DVD and Videotape (call for discounts on bulk orders)

___ D2020	DVD: Immunization Techniques: Safe, Effective, Caring .....	\$10.50	___
___ V2020	Videotape: Immunization Techniques: Safe, Effective, Caring ....	\$10.50	___

**Subtotal for Purchases \$** \_\_\_\_\_

## Make a Charitable Contribution

I am a  new  renewing contributor.

### Here is my contribution:

- \$25     \$50     \$75     \$100     \$125  
 \$150     \$200     \$250    other: \$ \_\_\_\_\_

- As a thank-you gift, I'd like a packet of IAC's 15 most popular print pieces, such as the "Summary of Recommendations for Childhood and Adolescent Immunization."
- I'm contributing \$75 or more and would like the additional thank-you gift of a CD containing all of IAC's English- and Spanish-language print materials, plus Vaccine Information Statements in English and Spanish.

IAC is a 501(c)(3) charitable organization and your contribution is tax deductible to the fullest extent of the law.

**Purchases and Contribution Total \$** \_\_\_\_\_

## How to Place an Order

**By Credit Card:** Order easily online at our secure shopping cart at [www.immunize.org/shop](http://www.immunize.org/shop).

**By Check, Purchase Order, or Credit Card:** Print out this page, fill out the necessary information, and

**Fax the page to:** (651) 647-9131 or

**Mail the page to:** Immunization Action Coalition  
1573 Selby Avenue, Suite 234  
St. Paul, MN 55104

**Our federal ID# is 41-1768237.**

**For Questions or International Orders:** Contact us by phone at (651) 647-9009 or email [admininfo@immunize.org](mailto:admininfo@immunize.org)

**Thank you** for your support of the Immunization Action Coalition. We depend on you!

**Method of payment:**  **Check enclosed** (payable to Immunization Action Coalition)

**Purchase order #** \_\_\_\_\_

Visa     Mastercard     Am. Express     Discover

Card #

Expiration Date       CV Code #\*

\*The CV Code is the Credit Verification Code, the additional 3- or 4-digit number on your credit card.

Name/Title \_\_\_\_\_

Organization \_\_\_\_\_

Shipping address (Check one: This is my  organization address  home address)

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

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

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