

# Order Essential Immunization Resources from IAC

**Immunization record cards for all: for adults, for children & teens, 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.

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.

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

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.

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

Qty.		Amt.
_____	D2020 DVD: Immunization Techniques: Safe, Effective, Caring .....	\$10.50
_____	V2020 Videotape: Immunization Techniques: Safe, Effective, Caring ....	\$10.50

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

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

### Laminated U.S. Immunization Schedules (details p. 3; call for discounts on bulk orders)

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

**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 Adult 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 mo/yr     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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