



Mobile Immunization Form

Business/Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Person: _____

Is this site for: (Check all that apply)

Employee's

Employee's Family

Customers

Other _____

- | | | |
|--|-----|----|
| 1. Will you provide advertising for this event? | YES | NO |
| 2. Do you want this event listed on pharm406.com? | YES | NO |
| 3. Is WIFI internet access available for our use? | YES | NO |
| 4. Please provided an estimated number of individuals who will be immunized at your site | | |
| 5. Is there a preference regarding day of the week or time of day for this event? | | |
| 6. For non-insured employee's, will the company pay for the immunizations? | YES | NO |

Please email this completed form and any questions to pharm406@outlook.com