

# Chicago: Make

### heard on childhood vaccines

The Centers for Disease Control and Prevention (CDC) is examining how the agency sets the childhood vaccine schedule and wants to hear from you.

The CDC is asking for public discussion, deliberation and input as the agency considers the values and perspectives to factor into decisions about the childhood vaccination schedule. We will use meningococcal vaccine as a specific example and examine these possibilities:

- making childhood meningococcal vaccines available to those seeking immunization
- promoting vaccination to
- those most at risk, or
- implementing a widespread immunization program.

Space is limited. Registration is required for participation and you must be able to attend the whole meeting.

#### WHEN

Thursday, July 21, 2011 9:30 am to 3:15 pm. Registration begins at 9:00 am.

#### WHERE:

Holiday Inn Chicago O'Hare 5615 North Cumberland Ave Chicago, IL 60631

#### **FREE:**

There is no fee to attend or participate. We are unable to provide daycare services. Lunch will be provided.

#### **REGISTER:**

To register online:

http://keystone.org/registration/chicago To register by phone:

1-866-276-7083

To register by fax:

#### 970-262-0152

In recognition of your willingness to contribute to this important process, those who pre-register and attend the full meeting are eligible to receive \$75.00 from The Keystone Center, the meeting facilitator.

If you have a child aged 12 years old or younger who receives childcare, an additional \$75 childcare stipend is available if you are among the first 20 parents to register for the meeting and request the stipend.

Participating Organizations: Advisory Committee on Immunization Practices (ACIP) | Centers for Disease Control & Prevention (CDC) | Chicago Department of Public Health | Chicago Area Immunization Campaign | Illinois Department of Public Health | The Keystone Center



## We need **your voice!**

Childhood Vaccines
Community Engagement
Meeting
Chicago, IL
July 21, 2011

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To register online: http://keystone.org/registration/chicago

Name:		Title/Org:		
Mailing Address:				
City:				
State, Zip Code:				
Phone:		Email:		
To help us attract pa following information	-	eeting who reflec	t our population, please provide the	
Age: (check one)	□18-30 years	□31-50 years	□51 and above	
Gender: (check one)	□Male	□Female		
Ethnicity: (you may se	elect more than one c	ategory):		
□Asian or Pacific Isla □Mixed Race	ınder □Black (or Afr □White	ican American)	□Hispanic or Latino/a □Other	
Completing this pre- \$75.00. Do you reque			ing qualifies attendees for a stipend ( ne):	of
☐ Yes	□ No			
stipend is available i stipend. Please indic	f you are among the cate if you wish to re	first 20 parents teceive the childca	ves childcare, an additional \$75 child o register for the meeting and reques are stipend. arents to register and request the stiper	t th
Are you the parent/g	uardian of a child 18	years old or you	nger? (mandatory, check one)	
<ul><li>Yes, my child is 0-2</li><li>Yes, my child is 6 y</li><li>I am not a parent/g</li></ul>	ears old or younger	☐ Yes, my child i	s 2 years old or younger s 18 years old or younger	
Do you have any spec needs)? If so, please sp	-	e: dietary restrictio	ons, translation services or building acc	cess
Please submit any cor	nments or questions	that you may have	in the space provided below.	