

Denver:

Join the Discussion of Childhood Vaccines and Meningococcal Disease

The Centers for Disease Control and Prevention (CDC) invites you to join the discussion of the values and perspectives that factor into decisions about expanding the childhood vaccination schedule.

CDC is seeking your point of view on best ways to use new vaccines, with particular attention to meningococcal vaccines.

Share your views in the following discussions:

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

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

WHEN:

Monday, July 25, 2011 from 9:00 am to 3:30 pm. Registration will begin at 8:30 am.

WHERE:

Children's Hospital Colorado Mt Yale Conference Room 13123 E 16th Ave Aurora, CO 80045

FREE:

There is no fee to attend or participate.

Lunch will be provided.

We are unable to provide daycare services.

REGISTER:

To register online:

http://keystone.org/registration/july25denver 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) | The Colorado Department of Public Health and Environment | The Keystone Center



We need **your voice!**

Childhood Vaccines
Community Engagement
Meeting
Denver, Colorado
July 25, 2011

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Name:		Title/Org:		
Mailing Address:				
City:				
State, Zip Code:				
Phone:		Email:		
To help us attract p following informat	-	neeting who reflec	t our population, please provide the	
Age: (check one)	□18-30 years	□31-50 years	□51 and above	
Sex: (check one)	□Male	□Female		
Ethnicity (you may	select more than one	category):		
□Asian or Pacific Is □Mixed Race	lander □Black (or A □White	frican American)	☐ Hispanic or Latino ☐ Other	
	e-registration and a uest the stipend? (m		ing qualifies attendees for a stipend o ne):	f
☐ Yes	□ No			
childcare stipend is request the stipend	s available if you are I. Please indicate if y	among the first 20 you wish to receive	ves childcare, an additional \$75.00 parents to register for the meeting are the childcare stipend. The interior register and request the stipen	
Are you the parent	guardian of a child	18 years old or you	nger? (mandatory)	
☐ Yes, my child is 6		Yes, my child is	s 2 years old or younger s 18 years old or younger	
Do you have any speneeds)? If so, please	•	ole: dietary restrictio	ons, translation services or building acc	ess

Please submit any comments or questions that you may have in the space provided below.