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!

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To register online: http://keystone.org/registration/july25denver

Name: Title/Org:
Mailing Address:
City:
State, Zip Code:
Phone: Email:

To help us attract participants to this meeting who reflect our population, please provide the following information (optional):

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 Islander ☐Black (or African American) ☐Hispanic or Latino
☐Mixed Race ☐White ☐Other

Completing this pre-registration and attending this meeting qualifies attendees for a stipend of $75.00. Do you request the stipend? (mandatory, check one):
☐Yes ☐No

If you have a child aged 12 years old or younger who receives childcare, an additional $75.00 childcare stipend is available if you are among the first 20 parents to register for the meeting and request the stipend. Please indicate if you wish to receive the childcare stipend. (Note: We will email/call you if you are among the first 20 parents to register and request the stipend)
☐Yes

Are you the parent/guardian of a child 18 years old or younger? (mandatory)
☐Yes, my child is 0-24 months old ☐Yes, my child is 2 years old or younger
☐Yes, my child is 6 years old or younger ☐Yes, my child is 18 years old or younger
☐I am not a parent/guardian of a child 18 years or younger

Do you have any special needs (for example: dietary restrictions, translation services or building access needs)? If so, please specify:

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