

**100% Immunization Campaign**  
American Society of Consultant Pharmacists

Organization name: \_\_\_\_\_

Organization web site address: \_\_\_\_\_

\_\_\_\_\_ Yes, our organization will participate in the 100% Immunization Campaign. Please include us in the list of participating organizations on the [www.immunizeseniors.org](http://www.immunizeseniors.org) web site. We agree to:

- Inform our members/constituents about the 100% Immunization Campaign
- Provide a link to the [www.immunizeseniors.org](http://www.immunizeseniors.org) web site from our organization's web site
- Encourage and promote immunization of older adults

Authorized signature: \_\_\_\_\_

Our representative will be:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please complete and return to:  
Sharon Cochraham, ASCP  
FAX: 703-739-1321

ASCP address: 1321 Duke Street, Alexandria, VA 22314-3563