



Registration Form 2009–2010 WEA Trust Flu Vaccination Program

1. Review the information we have on file for your district and *make changes as necessary.*

School district: _____

Flu Clinic Coordinator: _____

E-mail address: _____

Telephone number: _____

School mailing address: _____

Complete the following while you are speaking with your flu vaccination provider:

Approximate number of vaccinations given at last year’s flu vaccination clinic: _____

Provider: _____ Provider contact: _____

Provider phone number: (____) _____ Provider fax number: (____) _____

Provider e-mail: _____

Flu vaccination costs (including administration fee):

Employee/spouse with WEA Trust as their primary health insurance: \$ _____

Employee/spouse **without** WEA Trust as their primary health insurance: \$ _____

Dependents: \$ _____ (list any age restrictions: _____)

Offered at no cost (shots are subsidized through a city/county/state program).

We are unable to provide flu vaccinations to dependents at a district’s on-site clinic.

Provider will submit claims directly to Medicare: **Yes** **No**

School district’s flu clinic is open to the general public: **Yes** **No**

3. How many Flu Clinic posters would you like? _____

Which would you prefer to receive for retirees (pick one):

Retiree postcards (pre-addressed) Retiree Mailing labels None of these

A spreadsheet containing the retiree addresses (so you can create your own mail-merge letter)

4. We will not be participating in the 2009–2010 WEA Trust Flu Vaccination Program

5. Sign and fax this form by March 31, 2009, to: (608) 661-6706
Flu Vaccination Program Administrative

Assistant



Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

If you have any questions or need assistance finding a provider, please contact the WEA Trust Flu Vaccination Program Coordinator at (800) 279-4000, Extension 2305.