

## Alberta Vaccine Inventory (AVI) New Facility Registration

Indicate the Zone you're currently located in

Find your Zone here

<http://www.albertahealthservices.ca/zones/zones.aspx>

Please fax completed form to \_\_\_\_\_ (Will pre-fill when Zone information is completed)

<b>Clinic / Facility Information</b>			
Name of Clinic / Facility			
Type of Facility			
Address			
City / Town	Postal Code	Phone	Fax
<i>Shipping (only if different from above)</i>			
Address			
City / Town	Postal Code	Phone	Fax
<b>Primary Contact</b> (for questions related to facility, and/or vaccine orders)			
First Name	Last Name		
Email	Phone (include extension if applicable)		
<b>User Information</b> (Maximum 4 users per facility)			
Will the primary contact be a user? <input type="checkbox"/> Yes <input type="checkbox"/> No			
User 1			
First Name	Last Name		
Email	Phone (plus extension if applicable)		
User 2			
First Name	Last Name		
Email	Phone (plus extension if applicable)		
User 3			
First Name	Last Name		
Email	Phone (plus extension if applicable)		
User 4			
First Name	Last Name		
Email	Phone (plus extension if applicable)		