

BOOKING FORM

Upon receiving this information, ERGPA will forward proposed dates of service delivery. The information you provide will assist us setting up your account and allow us to communicate efficiently with you.

Email a scanned copy to fluvax@ergpa.com.au or fax on 03 9879 5407



Organisation						ABN:	
Address						Post Code:	
Primary Contact				Position:			
Contact details	Tel:	Mob:		Direct Tel:			
Email							
Sites name/suburb:	Address:	Site Coordinator Name:		Contact Tel/Mobile:	Staff No's	Office Use	
1							
2							
3							
4							
5							
6							
Type of vaccines required and if possible please estimate uptake/numbers required – <i>please tick</i>							
<input type="checkbox"/> FLU VAX		<input type="checkbox"/> HEP A		<input type="checkbox"/> HEP B		<input type="checkbox"/> HEP A & B	
<input type="checkbox"/> WHOOP/COUGH		<input type="checkbox"/> TETANUS /ADT					
<i>Estimate required:</i>		<i>Estimate required:</i>		<i>Estimate required:</i>		<i>Estimate required:</i>	
Comments/Requests							

Office use only

<i>Proposed dates:</i>	1	2	3	<i>Confirmed date:</i>			
<i>Proposed times:</i>	1	2	3	<i>Confirmed time:</i>			
<i>Price offer:</i>		<i>NonMetro</i>	<i>Regional</i>	<i>Contract /agreed</i>		<i>Y</i>	<i>N</i>
<i>Number Vaccines:</i>		<i>Nurse:</i>		<i>ERGPA Contact:</i>			
<i>Follow up</i>	<i>Date</i>						
	<i>Date</i>						
	<i>Date</i>						