



**Nightingale Group**  
**Nursing & Home Help**  
*"Caring for you"*

**2009**  
**IMMUNIZATION CLINIC**  
**CLIENT BOOKING INFORMATION (Website)**

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

**Please fax completed form to 306-664-9622 after September 14<sup>th</sup>, 2009**

Preferred day of week and time for clinic (please provide two options)

Day of week #1 \_\_\_\_\_ #2 \_\_\_\_\_ No preference \_\_\_\_\_

Time of Day: a.m. \_\_\_\_\_ or p.m. \_\_\_\_\_ No preference \_\_\_\_\_

Requested # of flu shots: \_\_\_\_\_ (Number will be confirmed upon booking)  
 (Confirmed numbers will be billed)

Our Flu Coordinator, Elaine Travis, will be working out the schedules for all of the clinics and will contact you after September 21<sup>st</sup> to confirm scheduled clinic date(s) and the number of participants. Please note that, due to the large number of clinics being scheduled, you may not hear from her immediately. You will be contacted at least two weeks before your scheduled clinic time.

**Note: All dates subject to availability of vaccine from supplier.**

Questions? \_\_\_\_\_

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**Nightingale Nursing Group**  
**620 Duchess Street**  
**Saskatoon, SK S7K 0R1**  
**Phone: 652-3314 Fax: 664-9622**  
**e-mail: [nngflu@nightingalenursing.ca](mailto:nngflu@nightingalenursing.ca)**

Mission: To provide excellent care in all aspects of health, both independently and in cooperation with others.