



State of New Hampshire
2014 Onsite Flu Shot Event Request
Application Form

Today's Date	
Department/Agency Name	
Location Address	
City, State, Zip	
Contact for Clinic	
Contact phone number	
Contact email address	
Estimated Number of interested employees at your agency	
Total number of employees onsite	
Event Date (a minimum of 10 employees are required for an onsite clinic)	Month _____ Date _____ 2014 Please select one date between Sept. 22 nd and Dec. 1 st
Event Time	Please choose the one time frame that best meets your locations needs. Start Time _____ End Time _____ We would prefer that you schedule nothing less than 3 hours. Please be aware we arrive 1 hour before the event starts
Notes / Special Instructions:	

If your dept./agency has multiple locations, a request form must be filled out for each location or event.

This form needs to be completed and submitted as soon as possible, we will require at least 3 weeks lead-time

E-mail the completed form to genighti@maxhealth.com or fax this completed document to 866-914-5859

For any questions, please contact either:
 George Nightingale (Maxim)
 Phone Number: 781-400-7103