Alberta Health Services

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)*

Clinic / Facility Information			
Name of Clinic / Facility			
Type of Facility			
Address			
City / Town	Postal Code	Phone	Fax

Shipping (only if different from above)			
Address			
City / Town	Postal Code	Phone	Fax

Primary Contact *(for questions related to facility, and/or vaccine orders)*	
First Name	Last Name
Email	Phone *(include extension if applicable)*

User Information *(Maximum 5 users per facility)*
Will the primary contact be a user? ☐ Yes   ☐ 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)

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