

# Meningococcal Vaccine Pre-Order/Pre-Pay Program

Pre-Ordering and Pre-paying for the meningococcal vaccine, Menactra, guarantees you a reserved dose from August 27 to August 31, 2012 in the Shroyer Health Center pending availability by the manufacturer. Please stop by the health center to receive your immunization on any of these dates from 8:30 a.m. to 1:00 p.m. **Please mark this information on your calendar.** If you are unable to receive your vaccine during these specified times, **you cannot be guaranteed to receive the vaccine** unless prior arrangements have been made with the Health Services staff. Please contact us at (717) 867-6232 or email [angeli@lvc.edu](mailto:angeli@lvc.edu). Cost of the vaccine is \$125.

## ***PLEASE PRINT***

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Pre-Order/Pre-Pay: (amount) \$ \_\_\_\_\_

Money Order ( )

Check ( )

Credit Card ( )      Type: VISA ( )      Master Card ( )      Discover ( )

NAME: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I understand that by pre-ordering and pre-paying for the meningococcal vaccine, Menactra, will only guarantee me a reserved dose at the above date(s), time(s) and location. In the event that I cannot arrange to attend the scheduled times, I understand that I **must** contact Health Services by August 27, 2012. I will not be given the vaccine and will lose my payment if I do not keep the scheduled appointment or contact Health Services by August 27, 2012.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## **PLEASE RETURN THIS FORM TO –**

Valerie Angeli BSN, RN  
Shroyer Health Center  
Lebanon Valley College  
Annville, PA 17003