



# Immunization Coalition of Los Angeles County (ICLAC)

*A Project of Community Partners*

## ICLAC Participant Registration Form

Mission: "To Foster Collaborative Efforts to Prevent Vaccine Preventable Diseases"

### Benefits of ICLAC Participation

Registering as a member of ICLAC will give you and your organization access to a variety of benefits:

- ✓ Receive regular immunization and vaccine-preventable disease email updates from the Los Angeles County Department of Public Health and other partner organizations
- ✓ Enhance leadership skills by participating on ICLAC workgroups and Steering Committee
- ✓ Partner with other immunization stakeholders in LA County that share your immunization-related goals/interests
- ✓ Receive technical assistance from ICLAC on your organization's immunization-related projects and services

By becoming a member you can assist ICLAC in carrying out our mission, which is to foster collaborative efforts to prevent vaccine preventable diseases across the lifespan.

ICLAC's mission is driven by four guiding principles:

- ✓ Collaborate across organizations to maximize outreach to communities at risk for vaccine preventable diseases
- ✓ Educate health providers to promote useful and timely public and provider information
- ✓ Improve access to immunizations across the lifespan to decrease health disparities
- ✓ Foster creativity and respect for diverse ideas

#### **TO REGISTER**

**Complete the registration form  
and send it by mail or e-mail to:**

Wendy Berger, MPH

Immunization Coalition of Los Angeles County  
3530 Wilshire Boulevard, Suite 700  
Los Angeles, CA 90010  
213-351-7499

[wberger@ph.lacounty.gov](mailto:wberger@ph.lacounty.gov)



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### MEMBER INFORMATION

#### PRIMARY CONTACT

Agency Name:

Last Name:

First Name:

Middle Initial:

Title/Position:

Telephone Number:

Fax Number:

E-mail Address:

Member's Address:

City:

State:

Zip Code:

Agency Telephone Number:

Agency Fax Number:

#### ALTERNATE CONTACT

Alternate Contact Name:

Email Address:

Telephone Number:

### SERVICE PLANNING AREAS (SPAs) of Interest

SPA 1    SPA 2    SPA 3    SPA 4    SPA 5    SPA 6    SPA 7    SPA 8

### MEMBERSHIP CATEGORY

Please check the membership category your organization wishes to hold within ICLAC:

- Basic Member – Level 1**  
Designee attends general session meetings at least once per year
- Active Member – Level 2**  
Designee serves as a participant on at least one ICLAC project Workgroup per year
- Executive Member – Level 3**  
Designee chairs or co-chairs an ICLAC project workgroup  
Organization provides financial support and/or leverages other resources to help support ICLAC projects/workgroups

### ISSUES OF INTEREST

Please specify the top four (4) issues you might be interested in as a member and potential collaborator with the Immunization Coalition of Los Angeles County. (Check no more than four.)

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Care                   | <input type="checkbox"/> Maternal and Child Health                     |
| <input type="checkbox"/> Adolescent Immunization          | <input type="checkbox"/> Media Campaigns                               |
| <input type="checkbox"/> Adult Immunization               | <input type="checkbox"/> Prevention and Management of Chronic Diseases |
| <input type="checkbox"/> Advocacy/Policy                  | <input type="checkbox"/> Provider Education                            |
| <input type="checkbox"/> Childhood Immunization           | <input type="checkbox"/> Research and Data Analysis                    |
| <input type="checkbox"/> Community Outreach and Education | <input type="checkbox"/> Resource Development and Fundraising          |
| <input type="checkbox"/> Health Care for the Homeless     | <input type="checkbox"/> Sexually Transmitted Infections (STI's)       |
| <input type="checkbox"/> Health Care Worker Immunization  | <input type="checkbox"/> School-based Immunizations                    |
| <input type="checkbox"/> Immunization Disparities         | <input type="checkbox"/> Social Media                                  |
| <input type="checkbox"/> Influenza Immunization           | <input type="checkbox"/> Women's Health Issues                         |
| <input type="checkbox"/> Other _____                      |  |



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### WORKGROUPS

Please select the following ICLAC issue-based Workgroups are you interested in participating in (Check all that apply.)

**Adolescent Immunization:** Seeks to improve coverage levels for the recommended adolescent immunizations.

**Adult Immunization:** Seeks to improve immunization coverage levels for the recommended immunizations

**Vaccine Confidence:** Seeks to improve the publics' confidence in the recommended vaccinations