



## North Carolina Vaccine Awareness Program Enrollment Form

We will participate in the *North Carolina Vaccine Awareness Program* spearheaded by CARLDEN Inc.

**Church/Organization Name:** \_\_\_\_\_

**Pastor/Leader's Name:** \_\_\_\_\_

**Church/Organization Address:** \_\_\_\_\_

\_\_\_\_\_

**Website:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Ministry/Department Leading This Effort:** \_\_\_\_\_

**Main Contact Name:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax (if different from church):** \_\_\_\_\_

**Additional Information or Special Requests:**

### Media and Communications Preference

**Opt In** – I consent to be contacted for media opportunities, interviews, or highlights of our events related to this program.

**Opt Out** – I prefer not to be contacted for media or publicity purposes.

Please return this completed form via email or fax to:

✉ viviand@carlden.com 📠 240-660-0182