**2024 Immunization Educational Plan**

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| Regional Consultant: |  | Date: |  |
| Health District: |  | District Immunization Coordinator/Office Manager: |  |
| Facility Name: |  | Planning Meeting Date: |  |
| GRITS Provider ORG ID: |  | VFC PIN: |  |
| Others in Attendance: |  |
| Date | Topic | Type (e.g., satellite, presentation by state, etc) | Targeted Audience(District, individual counties, school, day care facilities, private providers, etc) | Audio-visualNeeds | Location/Virtual |
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