**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-visual  Needs | | Location/Virtual |
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