



Health

Phone: (347) 396-2400

Fax: (347) 396-2559



We help you call the shots!

[www.nyc.gov/health/cir](http://www.nyc.gov/health/cir)

### Data Exchange Interface *ENROLLMENT FORM*

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please send the completed form to:**

**New York City Department of Health and Mental Hygiene**

**Citywide Immunization Registry**

**42-09 28<sup>th</sup> Street, 5<sup>th</sup> Floor, CN 21**

**Long Island City, New York 11101-4132**

**Attn: Rezaul Kabir**

Phone: (347) 396-2400 /Fax: (347) 396-2559

E-mail: [rkabir@health.nyc.gov](mailto:rkabir@health.nyc.gov)

#### For Official Use:

Subscriber ID: \_\_\_\_\_

DOHMH Contact: \_\_\_\_\_

Date: \_\_\_\_\_