

2023 anti-influenza vaccination campaign

The campaign includes:

Online appointment booking service

Coordination of your flu-shot campaign

Nurse for your flu-shot clinic

Quadrivalent vaccines

Quadrivalent vaccine costs (Québec)

Volume	Costs per clinic
<input type="checkbox"/> 0-19 vaccines	Minimum investment of \$840
<input type="checkbox"/> 20-99 vaccines	\$62/hour + \$34.50/dose
<input type="checkbox"/> 100-249 vaccines	\$62/hour + \$30.50/dose
<input type="checkbox"/> 250 vaccines and more	\$62/hour + \$28.35/dose

Other fees

<input type="checkbox"/> Mileage applicable for clinics located more than 25 km from downtown Montréal, Québec or Trois-Rivières	\$0.65/km
<input type="checkbox"/> Nurse transportation time applicable for clinics located more than 25 km from downtown Montréal, Québec or Trois-Rivières	\$55/clinic

If you have any questions or require additional information about the 2023 anti-influenza vaccination campaign, please contact us.

Tel.: 450 465-6170
Toll-free: 1-855-522-4766

Reservation form (to fill out)

Address of vaccination clinic	
Number of employees to vaccinate	
Name of contact person on day of clinic	
Contact's phone number	
Contact's email address	
Additional info. (number of clinics, presence of children, additional services required, etc.)	
Date and schedule desired	Option 1: Option 2:

Would you like to have access to Biron's online booking platform in order to schedule your 2023 vaccination campaign faster?

Yes No

General conditions

- For any cancellations within 72 business hours of the appointment, fees equal to three (3) hours of nursing time will apply.
- The client confirms that he or she will be responsible for paying the fees for a minimum of 90% of the vaccines reserved.
- Biron undertakes, upon signature of the Agreement, to reserve the quantity of vaccines ordered plus some additional doses (maximum 5%) in order to meet any additional demands.
- In the event that the vaccine manufacturer is unable to honour its commitment to provide the vaccines, Biron will be obliged to cancel or reschedule the clinic, with no obligation on its part.
- Taxes are extra.

I, the undersigned,

Name of the company: _____
(Please print)

Name of the person responsible: _____
(Please print)

hereby accept this proposal.

Signature: _____ Date: _____