

**AFFIX THIS LABEL TO YOUR SEASONAL UIIP PREQUALIFICATION PACKAGE ENVELOPE**

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

**2010-2011 Seasonal UIIP  
Prequalification Package**

**SUBMISSION DEADLINE:**

**Date: August 27, 2010**

**Time: 11:59:00 p.m. (EST)**

**TO: UIIP Coordinator  
Universal Influenza Immunization Program  
Ministry of Health and Long-Term Care  
Public Health Protection & Prevention Branch  
1075 Bay St., 11th Floor  
Toronto ON M5S 2B1**

**IMPORTANT INSTRUCTIONS:**

The Ministry does not accept responsibility for prequalification package submissions directed to any location other than the address indicated on the label above. The Postal Code is to aid in identifying the building only. **The onus remains solely with the organization to instruct courier/ delivery personnel to deliver prequalification package to the EXACT FLOOR location specified above. Prequalification packages that are delivered to another Ontario Government address before the deadline but arrive at the UIIP Office after the deadline will be disqualified.**

**Organizations will assume sole responsibility for late deliveries if these instructions are not strictly adhered to.**

Failure to affix this Label to your submission envelope may result in submissions not being recognized as a Seasonal UIIP prequalification application. This could also result in your submission arriving late at the UIIP Office and will be deemed late and disqualified.

**Prequalification packages received by fax will be NOT be accepted.**