

Member Name ___



Letter of Participation E&I/VWRI Supplier Agreement Furniture Program 2016

Stre			State		7in		
City Pho	one ()	Fax ()	State	Email _	Zip	_	
A.	Upon the executed signatubecome a participating men	ure of this Part	ticipation Form VWRI Supplie	n by the r Agreen	signature parties below,	("I Program only.	MEMBER") will
В.	Representative upon enroll	ment. MEMBE	R will receive	the afor	rementioned services, terms and	NT, will be provided to the Author d pricing for the duration of the s acceptable credit standing with	AGREEMENT,
C.					receipt of signed letter of partic NT NUMBERS ON A SEPARATE	ipation. Pricing will not be retro E EXCEL SPREADSHEET.	active, and will
D.	MEMBER hereby acknowledges VWR as its Preferred Supplier for Laboratory Furniture and Related Services for existing and future facilities. VWR must be afforded access to the facility to promote the agreement and pricing.						
	related services. MEMBERS have no obligate a) Product is not of b) Product does not of c) Product is available.	ion to purchase currently availab not meet the spe illable at a mate ive VWR the fire	Products from ole. ecifications, is rerial price/cost st right of refu	n VWR at not funct t savings usal to m	t the agreed-upon prices in the e ionally similar to, or fails to meet s (defined as savings of at least atch the pricing. Any such mate	event that: other parameters required by the table to the table to the pricing offered to any individual to the table table to the table	MEMBER.
E	MEMBER hereby acknowledges and understands that the information contained in the National Agreement Overview, or any other information provided to MEMBER that is contained in the AGREEMENT, including, but not limited to pricing information, is proprietary and confidential. MEMBER thereby commits to treating such information as confidential by using reasonable efforts to safeguard the information and to prevent unauthorized, negligent or inadvertent disclosure thereof.						
	Signature, Authorized Member Rep.		_	Signature, Authorized E&I Director Mike Costigan Portfolio Support Executive, Scientific			
	Name		_	Da	ate		
	Title Date		_		After all signatures fax or mail this completed VWR Internat 100 Matsonford Rd, Ste 200, Bo	I participation form to:	
	Signature, VWR Region D	irector/AVP	_			ement@vwr.com and gan@eandi.org Attn: Judy Lopez	
	Name Mgr, VWR Internation	nal			Acct Contact info: Region Manage Sales Rep: AVP:	er, phone number	
	Date			Acct Nos:			
_					Affiliated institutions to be included	d in this agreement:	
	Start Date:				Affiliated institutions to be include Medical School Medical Centers/Clinics	d in this agreement:	