



Exhibit A
Letter of Participation

E&I/VWR Supplier Agreement
Healthcare Products

Member Name _____
Street _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ Email _____

Upon the executed signature of this Participation Form by the signature parties below, _____ ("MEMBER") will become a participating member of the E&I/VWR Supplier Agreement, but only with respect to VWR's Healthcare Product Program only.

The Healthcare Product Program Agreement Overview, outlining terms of the HC AGREEMENT, will be provided to the Authorized Member Representative upon enrollment. MEMBER will receive the aforementioned terms for the duration of the HC AGREEMENT, provided that MEMBER'S membership remains in good standing with E&I and MEMBER maintains acceptable credit standing with VWR.

Pricing will be loaded for each member account specified upon receipt of signed letter of participation. Pricing will not be retroactive, and will supersede any existing pricing. PLEASE PROVIDE ALL ACCOUNT NUMBERS ON A SEPARATE EXCEL SPREADSHEET.

MEMBER hereby acknowledges VWR as its Preferred Supplier for Healthcare Products for existing and future facilities. VWR must be afforded access to the facility to promote the agreement and pricing. MEMBER hereby agrees to enable VWR on eSHOP and shall preferentially place VWR on eSHOP or similar platform so as to direct purchasing traffic to vwr.com for the products covered under the HC Program.

MEMBER hereby acknowledges and understands that the information contained in the Healthcare Product Program Overview, or any other information provided to MEMBER that is contained in the HC AGREEMENT and the E&I/VWR Supplier 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 Designee

Name

Date

Title

Date

Signature, VWR Region Director/AVP

Name Mgr., VWR International

Date

After all signatures are provided,
fax or mail this completed participation form to:
VWR International LLC
100 Matsonford Rd, Ste 200, Box 6660, Radnor, PA 19087

E-Mail: GPO.Management@vwr.com

Acct Contact info: Region Manager, phone number
Sales Rep:
AVP:
Acct Nos:
Affiliated institutions to be included in this agreement:
 Hospital/Clinical Lab(s)

Start Date:
E&I Membership No: (must be filled in)