SIGN IN SHEET

RFP # HSS-14-002

Institutional Medicare Providership

Pre Bid Meeting date : 2/24/2014

Please leave a business card in ADDITION to providing us with your information below .

WRITE LEGIBLY AND PLEASE AVOID USING SCRIPT .

Name	Company	Email address	Phone
Kim Howard	McKesson Medimart	kim.howard@mckesson.com	678 994 7304
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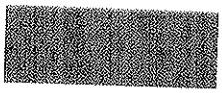
Colleen Arrowsmith	Interim Healthcare	carrowsmith@interimhealthcare.com	302-322-2743



When it matters most, count on us.

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Director of Healthcare Services

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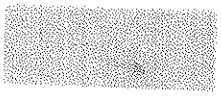

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