

**GROUP DESIGNATION FORM**



TO: Intalere Choice (SOAR Life Products @ dba School Specialty @) FOR: Therapy and Wellness  
(Company Name) (Product Category)

RE: VH11628 \_\_\_\_\_  
(Contract Number) (Supplier Internal Contract Number)

Please be advised that this Member chooses to purchase your products covered under the Intalere contract referenced above. Please take the steps necessary to ensure this Member receives correct Intalere contract pricing and all other value-added services and benefits provided pursuant to such contract. Also properly credit and report to Intalere all purchases made by this Member as per the terms of the Agreement.

Total Contract Annual Dollar Volume\* \$ \_\_\_\_\_

New Member to Supplier?  Yes  No (if NO, provide account number \_\_\_\_\_)

Member Facility Type\* \_\_\_\_\_ GLN # \_\_\_\_\_

DEA # (if using Pharmacy\*) \_\_\_\_\_ HIN # \_\_\_\_\_

Member Name\* \_\_\_\_\_ Member #\* \_\_\_\_\_

Address\* \_\_\_\_\_ City, State, Zip\* \_\_\_\_\_

Child sites included?\*  Yes  No Telephone\* \_\_\_\_\_

If applicable - Member of \_\_\_\_\_ (Intalere Group, Alliance, Affiliate, etc.)

Authorized By (Print Name)\* \_\_\_\_\_

Title\* \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

\*Indicates required field

**Return completed form to:**

**Intalere Contract Access Team**  
**Email: [ContractAccessTeam@intalere.com](mailto:ContractAccessTeam@intalere.com)**  
or Fax: (800) 333-3308

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**\*\*SUPPLIER RESPONSE REQUESTED\*\***

**Via Intalere Supplier Resources**  
**<https://suppliers.intalere.com/Login>**

OR Indicate approval/effective date for above Member: \_\_\_\_\_

Send to: Email [ContractAccessTeam@intalere.com](mailto:ContractAccessTeam@intalere.com) or Fax (800) 333-3308