



Avizia Clinical Carts & HORUS Scope 1 SOA

Tender #: 2018-043

Contractor Information:

Company Name and Address:

Telephone Number: _____

Email: _____

Web Address: _____

I agree with all of the terms and conditions of this tender (including those posted at www.nlchi.nl.ca/index.php/procurement-opportunities Yes _____ No _____

I have read and understood each of the addendums posted to the Centre's web site relative to this tender Yes _____ No _____

Name and Contact information for local sales and service rep:

Authorized Company Representative Signature

Authorized Company Representative Print

Company

Date