

Purchasing Overview Registration Form

Date: December 7, 2010 Time: 8:30a.m. – 12:00p.m.
Location: DPH Training Room A and B

Please type or print all information.

Name: _____ Title: _____

CHFS Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Supervisor Approval: _____

Registration deadline is December 2, 2010!

- Step 1: Complete this form and forward to your supervisor for approval.
- Step 2: Supervisors: please forward electronically to SarahE.Smith@ky.gov; or mail/fax registration forms:

CHFS Division of Procurement Services
Attn: Sarah Smith
275 East Main, 4E-B
Frankfort KY 40621
Fax (502) 564-5531

If you have any questions, please contact (502) 564-7736 and ask for Sarah Smith (extension 4015) or Lee Ann Brewer (extension 4335).