

Please NAME the State of California as a potential participant IN the solicitation document: resulting WSCA contract.

The following employee of the State of _____ is being offered as a member of the Evaluation Committee:

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

VI. PARTIES TO THIS AGREEMENT

The parties to this Agreement have affixed their signatures below in witness and in execution of this Intent to Participate, this 13th day of January, 2004.

Diana LaBonte, Sr EDP Acquisitions Specialist
Printed Name and Title

Diana LaBonte
Signature

FAX, MAIL OR EMAIL TO:

Eluid Martinez
Office of the State Purchasing Agent,
P. O. Drawer 26110,
Santa Fe, New Mexico 87502-0110
Fax: 505-827-2484
Email: eluid.martinez@state.nm.us
Phone: 505-827-0493

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To	Eluid Martinez	From	Diana LaBonte
Co.	New Mexico	Do.	DGS/PI
Dept.	Purchasing	Phone #	916-376-4428
Fax #	505-827-2484	Fax #	