

Please NAME the State of Florida as a potential participant IN the solicitation document.

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 Jan, 2004.

Frederick J Springer, Director, State Purchasing
Printed Name and Title


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
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