

Please NAME the State of Wisconsin 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 9th day of January, 2004.

Jane Pawasarat, Director Wisconsin State Bureau of Procurement
Printed Name and Title

Jane Pawasarat
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