



## Registration for the Drug Repository Utilization Gateway (D.R.U.G.)

Name of donating facility\_\_\_\_\_

Mailing Address\_\_\_\_\_

Shipping Address (*if different*)\_\_\_\_\_

Organization Director\_\_\_\_\_

Organization Director's Telephone & Fax\_\_\_\_\_

Organizations Director's E-Mail Address\_\_\_\_\_

Contact Person\_\_\_\_\_

Contact Person's Telephone & Fax Numbers\_\_\_\_\_

Contact Person's E-Mail Address\_\_\_\_\_

**Return to:**

Bob Burk

Repository Coordinator

CHC/SEK

PO Box 1832

Pittsburg, KS 66762

Or fax to: 620-235-0869 or email to: [bburk@chcsek.org](mailto:bburk@chcsek.org)