

REQUEST FOR INFORMATION **ADDENDUM UCHC RFI-02 Form** Rev. 2/15

**DUE TIME:** 

Patricia Berry

Buyer 860-679-2217

Telephone Number

RFI NUMBER:

- 0000

pberry@uchc.edu

E-mail Address

pberry@uchc.edu

Fax Number

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

**Procurement Operations & Contracts** 263 Farmington Avenue, MC4036 Farmington, CT 06032-4036

5-2020		2/13/2020	2	2:00pm	EST
RFI TITLE:	CME Application Review Process				
ADDENDUM N	UMBER:	1			
DATE ADDENDUM	ISSUED:	1/23/2020			
	FOR:	The University of Connecticut	t Health Center		
NOTE:		Answers to Supplier Questions			
		,			
*					
This Addendum must be Signed & Returned with your submission.					
	-	· .			
Authorized Signature of Proposer		Сотрапу	Name	3	

DUE DATE:

-----

Approved By: Paring

Patriola Berry

Buyer

(Original Signature on Document in Procurement Files)