

The Kansas REPOSITORY

Donating Facility

Registration for The Kansas Repository

Name of facility _____

Mailing Address _____

Shipping Address (*if different*) _____

Organization Director _____

Organization Director's Telephone & Fax _____

Organizations Director's E-Mail Address _____

Primary Contact

Person _____

Contact Person's Telephone & Fax Numbers _____

Contact Person's E-Mail Address _____

Return to:

Robert Poole, Repository Coordinator

PO Box 1832

Pittsburg, KS 66762

email: rpoole@chcsek.org

620.240.5066 (desk)

620.235.0869 (FAX)