

The Kansas REPOSITORY

Qualifying Clinic or Center Registration for The Kansas Repository

Name of Qualifying Organization _____

Mailing Address _____

Shipping Address (if different) _____

Organization Director: _____

Organization Director's Telephone & Fax Numbers _____

Organization Director's E-Mail Address _____

Contact Person for This Program (if different from director) _____

Contact Person's Telephone & Fax Numbers _____

Contact Person's E-Mail Address _____

I understand that quantities and types of medications is dependent on donations. I agree that all medications received will be distributed per Kansas State Pharmacy Board regulations.

Signed: _____
Organization Executive Director

Robert Poole, Repository Coordinator
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620.240.5066 (desk)
620.235.0869 (FAX)