EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

CONTRACTOR: Wheaton World Wide Moving
CONTRACT NUMBER: PP-SV-039
CONTRACT DATES:
SERVICE CATEGORY: Moving Services

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	TIERS	TOTAL SERVICES PURCHASED ($ PER CALENDAR YEAR)
	TIER 1	< $100,000
	TIER 2	$100,000 to <_$150,000
	TIER 3	$150,000 to < $250,000
	TIER 4	$250,000_+

b. Contractor shall not reduce a Participating Member's tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member's purchase volume is below the tier level selected by the Participating Member (the "Tier Reduction Notice") and (ii) providing the Participating Member thirty (30) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within thirty (30) days, Contractor may move the Participating Member to the appropriate tier based on the Participating Member's Services purchased. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Services purchased after the effective date of the tier reduction.

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. The Aggregation Pricing Option will apply to the purchasing volume of (a) all facilities that designate the undersigned Participating Member as "top parent" or "direct parent" on the Membership Roster and (b) any facilities listed on the attached Schedule 1. Contractor shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials**: _____.

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO

Print Name of Person Signing _____
Signature _____
Title of Person Signing _____
Phone Number _____
E-mail Address _____
Date Signed _____
Entity Code _____
Print Name of Participating Member/GPO _____
Address _____
City and State _____

Contractor

Print Name of Person Signing _____
Signature _____
Title of Person Signing _____
Date Signed _____

Upon completion, please submit this form to both Contractor and Premier.

Contractor Information – 800.932.7799 x 213

Premier Healthcare Solutions, Inc. – Fax: 704.816.3509

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CONTRACTOR: Wheaton World Wide Moving
CONTRACT NUMBER: PP-SV-039
CONTRACT DATES:
SERVICE CATEGORY: Moving Services

Email: todd_emrick@wvlcorp.com **Email: PremierPMDF@PremierInc.com**

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name and Supplier's Customer Account Number	City	ST	Phone Number	Contact Name