

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: Wheaton World Wide Moving
CONTRACT NUMBER: PP-MM-134
PRODUCT CATEGORY: Moving Services
EFFECTIVE DATE: 8/1/2011
EXPIRATION DATE: 7/31/2014

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

a. **Select one Tier by initialing below**

Member Initials	TIERS	MOVES PER CALENDAR YEAR
	TIER 1	1-20 Moves
	TIER 2	≥21 Moves

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. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member or GPO shall be responsible for updating such list on an annual basis. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____

3. **Grandfathered Pricing.** Where Participating Members(s) have been purchasing Services under locally negotiated agreement and where such pricing is more favorable than that offered under this terms of the Agreement, Contractor shall guarantee that pricing for that specific Participating Member (s) on any such Services shall not exceed pricing under negotiated agreement provided that the Participating Member maintain the tier requirements, if any, under the locally negotiated agreement.

4. **Pricing Effective Date:** 8/1/2011 **Pricing Expiration Date:** 7/31/2014

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

Hospital/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 –
Fax: 317.570.4650
E-mail: aj_schneider@wvlcorp.com

Premier, Inc. –
Fax: 704.816.3509
E-mail: PremierPMDF@premierinc.com

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SCHEDULE 1
LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER AND UPDATED ON AN ANNUAL BASIS]

System name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name