

**INTERESTED CONTRACTORS REGISTRATION FORM**

**REQUEST FOR PROPOSALS**

**MEDICAL SUPPLIES PROPOSAL RFP NO. 2025-08-01**

To: INTERESTED SUBMITTER

Subject: MEDICAL SUPPLIES PROPOSAL RFP NO. 2025-08-01

To Proposers:

Please complete the information below to receive a copy Medical Supplies REQUEST FOR PROPOSAL (RFP). Please notify Ashley Peachee, by e-mail: [medicalsupplybid@mchd-tx.org](mailto:medicalsupplybid@mchd-tx.org) with subject line "RFP No. 2025-08-01" as soon as possible with your complete contact information as follows:

Name of INTERESTED CONTRACTOR: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Street Address/Post Office Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Immediate notification is requested to ensure that every Interested Contractor receives a copy of addenda issued for this REQUEST FOR PROPOSALS.

Thank you for your interest. We look forward to receiving your proposal.

Sincerely,

Ashley Peachee

Materials Management Manager