

BIDDER REGISTRATION AND CERTIFICATION
For Bid Period August 16, 2009 through August 15, 2010

The appropriate items below must be completed as part of the bid. Failure to comply may disqualify your bid. Please type or print legibly in ink.

I. BIDDER'S CONTACT INFORMATION: This will be filed as your permanent contact information.

1. Company Name _____
2. Address _____
City, State & Zip _____
3. Bid Representative's Name _____
4. Email Address _____
5. Phone Number/ Extension _____
6. Fax Number _____ Toll Free Number _____
7. Website _____
8. I prefer to receive my winning bid items by ___ email ___ fax

II. PURCHASE ORDER ADDRESS: Please complete if different from Bidder's Contact Information.

1. Purchase Order Address _____
City, State & Zip _____
2. Representative's Name _____
3. Email Address _____
4. Phone Number/ Extension _____ Fax Number _____

III. BIDDER'S CERTIFICATION

A. The undersigned proposes to furnish and deliver supplies, equipment, or services, in accordance with specifications and stipulations contained herein, and at the prices quoted. This certifies that this bid is made without any previous understanding, agreement, or connection with any person, firm, or corporation making a bid for the same supplies, materials, or equipment, and is in all respects fair and without collusion or fraud.

B. I certify that I am authorized to sign for the bidder. I/ We certify that none of this company's officers, directors, partners, or its employees have been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or federal government; and that no member of the Board of Directors or staff of AT: LAST, Inc. (dba The Maryland Assistive Technology Cooperative) has any interest in the bidding company except as follows:

C. I certify that I am authorized to furnish and deliver the items for which I have submitted bids _____ for Maryland only; _____ nationally; _____ nationally w/exceptions _____

D. I certify that I will assure prompt delivery of merchandise or be disqualified.

By (signature) _____ Date _____

Name and Title (please print) _____

Witness Name and Title _____