

MSEPS/DDI BUYING GROUP PARTICIPATION APPLICATION

Name of Practice _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email address _____ Web site _____

Contact name _____

Names of Physicians in the practice:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

**Return this completed form to: MSEPS, 120 E. Saginaw, East Lansing, MI 48823
or Fax: 517-336-5797**