



Supplier Inclusion Application

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Locally Owned Business: Yes No

Diversity Supplier Classification: MBE WBE

Name and Title of primary contact: _____

Are we able to place orders on-line with your company? _____

Nature of Business (products and services offered):

Additional Comments:

Please send a copy of your certification by email to Inclusion@NationwideChildrens.org or by mail to the following address:

*Attn: Nationwide Children's Hospital
Richard Wisnoski - Purchasing Department
700 Childrens Drive
Columbus, Ohio 43205*

Questions maybe addressed to Richard Wisnoski at (614) 355-1720 or

Inclusion@NationwideChildrens.org