

**EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM**

SELLER: Xerox Corporation
CONTRACT NUMBER: PP-IT-048
PRODUCT CATEGORY: Printers, Copiers, Facsimile and Facilities Management

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 | TOTAL PRODUCT PURCHASES (\$ PER CALENDAR YEAR) |
|-----------------|--------|--|
| | TIER 1 | \$0 - < \$350,000 |
| | TIER 2 | \$350,000 to < \$1,000,000 |
| | TIER 3 | \$1,000,000 to < \$3,000,000 |
| | TIER 4 | \$3,000,000 + |

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. Automatic Substitution. By initialing where indicated below, the undersigned Participating Member hereby authorizes and directs its Authorized Distributors to automatically substitute any generically equivalent Product covered under the above-referenced Group Purchasing Agreement in lieu of any product described in such Participating Member's purchase orders which is not covered under such agreement. The undersigned Participating Member hereby elects to invoke Automatic Substitution: **Participating Member's Initials:** _____

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

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 _____

Seller _____
 Print Name of Person Signing Sybil E. Garry
 Signature _____
 Title of Person Signing Major Account Contract Manager
 Date Signed _____

Upon completion, please submit this form to both Seller and Premier.

**Seller Information –
Fax: 818-981-4829**

**Premier, Inc. –
Fax: 704.816.3509**

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SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

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

System name: _____

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