



RERP INFORMATION VERIFICATION FORM

Instructions: Use this form to verify current contact information and activate ranges. Be sure to sign and date at the bottom of the page. **Only current contacts are authorized to make changes to RERP information and to order training materials.** Two or more contacts are recommended. Return the completed form to sleinberger@msf-usa.org or crimm@msf-usa.org.

SPONSOR INFORMATION			
BUSINESS NAME OF TRAINING PROVIDER			RERP NUMBER
MAILING ADDRESS		CITY	STATE & ZIP
OFFICE PHONE	E-MAIL ADDRESS		
CONTACT INFORMATION			
CONTACT 1 (SIGNATORY TO RERP AGREEMENT-must be an owner or corporate officer)			
NAME		TITLE	
PHONE	FAX	E-MAIL ADDRESS	
CONTACT 2 (i.e.: PROGRAM MANAGER)			
NAME		TITLE	
PHONE	FAX	E-MAIL ADDRESS	
CONTACT 3 (i.e.: OFFICE ADMINISTRATION)			
NAME		TITLE	
PHONE	FAX	E-MAIL ADDRESS	
ACTIVE SITES (RANGES)			
<i>List all sites in use by your program in the boxes provided below.</i>			
SITE NUMBER	SITE NAME & STREET ADDRESS		

NAME (print)

DATE

SIGNATURE