



Registration for the Drug Repository Utilization Gateway (D.R.U.G.)

Name of donating facility _____

Mailing Address _____

Shipping Address (*if different*) _____

Organization Director _____

Organization Director's Telephone & Fax _____

Organizations Director's E-Mail Address _____

Contact Person _____

Contact Person's Telephone & Fax Numbers _____

Contact Person's E-Mail Address _____

Return to:

Robert Poole Repository

Coordinator CHC/SEK

PO Box 1832

Pittsburg, KS 66762

Or fax to: 620-235-0869

Or email to: rpoole@chcsek.org