

**Exhibit K: PARTICIPATING MEMBER ENROLLMENT FORM**

SELLER: Sprint Solutions, Inc.  
CONTRACT NUMBER: PP-IT-186  
SPRINT CONTRACT NUMBER: BSG1711-0164  
PRODUCT CATEGORY: Mobile Wireless Carriers

This Participating Member Enrollment Form ("**Enrollment Form**") is entered into between Sprint Solutions, Inc. ("Sprint") and \_\_\_\_\_ ("**Customer**") as a Participating Member under the Group Purchasing Agreement between Premier Healthcare Alliance, L.P., and Sprint Solutions, Inc. Contract Number PP-IT-186 /Sprint Contract Number BSG1711-0164 (the "Group Purchasing Agreement"), as amended.

Sprint and Customer agree as follows:

1. **Relationship of Parties.** By signing this Enrollment Form, Customer represents that it is a Participating Member as defined in the Group Purchasing Agreement. The meaning of "**Customer**" and "**Participating Member**" are interchangeable in the Agreement when Participating Member is purchasing or using Products or Services from Sprint, except where the express intent of the provision is to apply solely to Premier (including but not limited to, Administrative Fees etc.).
2. **Terms and Conditions.** By signing this Enrollment Form, Customer agrees to be bound by the terms and conditions set forth in the Group Purchasing Agreement and all applicable Exhibits, including the Participating Member Agreement set forth in Exhibit J. The Participating Member Agreement is subject to the terms of the Group Purchasing Agreement, and in the event of a conflict between the terms of the Participating Member Agreement and the terms of Group Purchasing Agreement, the terms of the Group Purchasing Agreement will control.

3. **Customer Information.** The following is the relevant Customer contact information:

**Customer Business Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**\*Entity Code:** \_\_\_\_\_

***[\*To obtain Premier Entity Code, please contact Premier's Solutions Center at 877-777-1552.]***

**Is Customer a Top Parent of Premier per the definition in the Group Purchasing Agreement:** Yes or No

**If no, please provide Top Parent Name:** \_\_\_\_\_ (drop down in contractpal which will populate the proper CORP ID) \_\_\_\_\_

**Is Customer a Non-Profit per the definition in the Group Purchasing Agreement:** Yes or No

4. Customer agrees that Sprint may provide reports to Premier consisting of Participating Member's name, address, and total amount spent under this Enrollment Form.
5. **Purchasing of Services and/or Products.** The Customer and Sprint acknowledge that by signing the Enrollment Form is not a commitment to purchase Services and/or Products from Sprint. The Customer acknowledges this Enrollment Form enables the opportunity to establish a separate billing account(s) under the Group Purchasing Agreement and to allow individual employees to purchase Sprint Services and/or Products. The terms and conditions related to employees are referred to in Exhibit A of the Participating Member Agreement.
6. **Information Under 42 CFR 1001.952(h).** Participating Member must promptly inform Sprint in writing if any Products and/or Services purchased by Participating Member under this Agreement are items for which payment may be made, in whole or in part, under Medicare, Medicaid or other Federal health care programs to the Participating Member.
7. In order to become effective, this Enrollment Form must be executed by a duly authorized representative of Customer and delivered to Sprint no later than 30 days after signing. Upon Customer's execution of this Enrollment

Form, it shall be deemed accepted by Sprint without counter-signature; provided that, Customer does not make any modifications, interlineations, addition, supplement and/or other change(s) ("Changes") to this Enrollment Form. Any Changes to this Enrollment Form by Customer shall render this Enrollment Form null and void.

\_\_\_\_\_ **Customer Name**

\_\_\_\_\_ **Signed By**

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Print or Type)

**Date:** \_\_\_\_\_

**Email and Phone Number:** \_\_\_\_\_

**NOTES:**

1. Only one Enrollment Form required per Customer.
2. To obtain a copy of the Group Purchasing Agreement and Exhibits, including the Participating Member Agreement, contact Premier's Solution Center at 877-777-1552.
3. If not signed electronically, email completed Enrollment Form to [MemberContracts@sprint.com](mailto:MemberContracts@sprint.com) and [Premier@sprint.com](mailto:Premier@sprint.com)
4. **Questions? Contact** [Premier@sprint.com](mailto:Premier@sprint.com)