



Supplier Portal Registration Form

This form is required for you, an authorized user of Supplier, to gain access to and use the AAMC's Supplier Portal, hosted on the AAMC's Workday site (the "Supplier Portal"). The AAMC may suspend or revoke access at any time, at its sole discretion.

You acknowledge that the Supplier Portal contains confidential information and that your access and use of the Supplier Portal is subject to the terms of your company's applicable agreement with the AAMC (e.g., nondisclosure agreement, master services agreement, or Purchase Order Terms and Conditions). In the absence of such an agreement, the AAMC Website Terms and Conditions (<https://www.aamc.org/website-terms-conditions>) apply.

Administrator for Supplier: _____

Individual to access Portal: _____

Title/Position of Individual: _____

Company Name: _____ Date: _____

Email Address: _____

Please email this form to Contracts@aamc.org

**Or mail to: Association of American Medical Colleges,
Attn: Central Procurement Office, 655 K street NW, Washington, DC 20001**

By Entering your name and date of electronic signature below, you indicate you agree with these terms.

Sincerely,

Participate Name:

Date:

Title:

Company Name: