

**MANDATORY Pre-Proposal Meeting**

**4-Year Contract for Wound Care Supplies and Medicare Billing Services**  
Spec #40-10/20

August 31, 2020 10:00 AM

**NOTICE:** Obtaining all bid documents including Addendums is the responsibility of the Bidder.

1. **YOU MUST PRINT CLEARLY!**

Company Name: DELCREST MEDICAL Phone: 215-441-7762  
Street Address: 100 Commerce Dr. Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_  
City: IRVING PA State: PA Zip: 18974 I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title: Scott Seitz

2. **YOU MUST PRINT CLEARLY!**

Company Name: Delcrest Medical Phone: 215-778-5819  
Street Address: 100 Commerce Dr Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_  
City: IRVING PA State: PA Zip: 18974 I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title: John Hanlon Sales

3. **YOU MUST PRINT CLEARLY!**

~~Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ I have read and understand the the Notice above:  
Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_~~

4. **YOU MUST PRINT CLEARLY!**

~~Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ I have read and understand the the Notice above:  
Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_~~

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County of Bucks and Engineer Representatives in Attendance:

Name:

Reba Barrett

PATTE-LYNN EDWARDS

Maura McIlvaine

\_\_\_\_\_

From:

Neshaminy Manor

NESHAMINY MANOR

BC Purchasing 10:45

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