

# NDA Cover Letter – Required Bidder Information

Please indicate what your organization intends to bid on:

- ☐ Medical
- ☐ Pharmacy
- ☐ Both Medical and Pharmacy

Please return the signed NDA to Hope Reed at [hreed@mcgohanbrabender.com](mailto:hreed@mcgohanbrabender.com)

If bidding on Pharmacy, enter email address for Ringmaster invitation:

If bidding on Medical, enter email address to receive de-identified medical claims data:

Vendor Point of Contact (POC):

Name:	<input type="text"/>
Title:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>