

Supplier Information Form

Please complete all of the mandatory fields marked "**"

Company Details

Registered Company Name*

Corporate Website

DUNS Number (If applicable)

Tax Registration Number (e.g. VAT, Taxpayer ID)*

Tax Country*

Tax Classification* (Select one)

Corporation

Individual

Government Agency/Dep

Partnership

Supplier Type* (Select one)

Public

Private

Other

Address (inc Postal/ZIP Code & Country)*

Finance Address (if different)*

Accounts Receivable

Primary Contact Name*

Email Address for Invoices

Telephone Number* (Include Country Code)

+1

Account Rep/Manager

Name*

Job Title*

Email Address*

Telephone Number* (Include Country Code)

+1

Email Completed Form to:

Marinel Brual

Email: mfbrual@health.ucsd.edu

UC San Diego School of Medicine Continuing Professional Development