

PeriData.Net® Commitment Form

I _____, as an official representative of _____,
(Print name of official) (Print name of hospital)

commit to work with the Wisconsin Association for Perinatal Care to implement **PeriData.Net®** as a vehicle for Web-based transmission of birth certificate data and as a perinatal database. Further, as a measure of my hospital's commitment, enclosed is a check for \$7,500.

I understand that I will be asked to enter into a more detailed agreement prior to **PeriData.Net®** becoming operational in my institution.

Signature of official

Date

(Print name of official)

Address of hospital:

Amount enclosed: _____ Check number: _____

Complete and send this form and check to:
WAPC, 211 S. Paterson Street, Suite 250, Madison, WI 53703

April 2013