

# Contractor Orientation

## Company Information

**Submitter Name:** \_\_\_\_\_

**Submitter's Email:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip Code

**Company Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**What type of work does company perform?** \_\_\_\_\_

**Comments:**  
Attach documentation  
List Contractor's Names

\_\_\_\_\_

**Is Vendor a Diverse supplier?**  Defined as at least 51% ownership in one of the classes below.  
If yes, you must indicate class below:

**Ethnic Minority-Owned:** \_\_\_\_\_

**Disabled-Owned:** \_\_\_\_\_

**Women-Owned:** \_\_\_\_\_

**Veteran-Owned:** \_\_\_\_\_

**Service Disabled Veteran-Owned:** \_\_\_\_\_

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