



## Delaware Quality Improvement Strategy Workgroup Designation Form

Designation Information	
<b>Company Name:</b>	<b>Date:</b>

Primary Contact			
<b>Name:</b>		<b>Title:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		<b>Email Address:</b>	

\_\_\_\_\_  
*Primary Contact Signature*

\_\_\_\_\_  
*Date*

Alternate Contact			
<b>Name:</b>		<b>Title:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		<b>Email Address:</b>	

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*Alternate Contact Signature*

\_\_\_\_\_  
*Date*