



Security Services Administration Office

Contractor Orientation

Company Information

Company Name:	<input type="text"/>
Company Address:	<input type="text"/>
	Street
	<input type="text"/>
	City State Zip Code
Company Contact:	<input type="text"/>
Contact Phone #:	<input type="text"/>
Contact E-mail:	<input type="text"/>
Spectrum Health Facilities Project Manager	<input type="text"/>
Website address:	<input type="text"/>
What type of work does your company perform?	<input type="text"/>
Is Vendor a Diverse supplier?	<input type="checkbox"/> Defined as at least 51% ownership in one of the classes below. If yes, you must indicate class below:
	Ethnic Minority-Owned: <input type="text"/>
	Disabled-Owned: <input type="text"/>
	Women-Owned: <input type="text"/>
	Veteran-Owned: <input type="text"/>
	Service Disabled Veteran-Owned: <input type="text"/>

Send to: **Spectrum Health Hospital Group**
Security Services Administration Office
Contractor Orientation

E-mail: contractororientation@spectrumhealth.org