



5 Vaughn Dr. Suite 200 Princeton, NJ 08540

1-866-MODERNA

1-866-663-3762

BUYING GROUP AFFILIATION DECLARATION FORM

To Moderna Membership,

This letter is to declare that our group is a Member of the buying group noted below specifically for the procurement of Moderna US, Inc. ("Moderna") products.

I acknowledge that any changes in our buying group affiliation may impact procurement processes and contractual obligations. By signing this Declaration Form, our facility agrees to adhere to all terms and conditions associated with the below-designated buying group for the entire duration of the Term of the purchasing Agreement with Moderna. This means, for example, that our facility agrees to remain under the below-designated buying groups Letter of Commitment with Moderna for the duration of the Term.

Facility Name	
Facility Street Address	
Facility City, State Zip	
DEA or HIN Number	
Future Designated buying group	CPP (Children's Practicing Pediatricians)
Effective Date	

A signed copy of this the Declaration form is being electronically sent to contractops@modernatx.com with a copy to modernauscontracts@modernatx.com.

Sincerely,

PRINT NAME: _____

TITLE: _____