

SCHEDULE "A"

Alberta Rapid Screening Tests Application

Applicant Information

Thank you for your interest in providing asymptomatic rapid screening for COVID-19 in Alberta. Please complete the following information to formally submit a request for rapid screening tests under the pre-approved rapid screening program, and sign the Application to agree to the attached Terms and Conditions.

Chamber of Commerce Receiving Application

Name of Chamber: (The Chamber of Commerce listed in this line is referred to as the "Chamber" in the attached Terms and Conditions).	Address: #600 - 9990 Jasper Ave, Edm, AB, T5J 1P7 Phone: 780-426-4620 Fax: 780.424.7946 Email: rapidtesting@edmontonchamber.com
Contact Information of Chamber (The contact information listed in this line is referred to as the "Chamber's Contact Information" below, and in the attached Terms and Conditions.)	Attention to: Lisa Rau and/or Christen Rumbles

Organization information

Please provide more information about your corporation or society.

Corporation or Society Name (Please use the registered name of the legal entity of your organization. The organization listed in this line is referred to as the "Organization" below, and in the attached Terms and Conditions)	Corporation XYZ Limited
Location(s), including address(es) where the Organization operates and will deploy Screening Tests. (The location(s) listed in this line is referred to as the "Location(s)" in the attached Terms and Conditions).	Edmonton Headquarters
Contact Information - please provide a job title to whom notices can be sent, and that position's contact information. (The contact information listed in this line is referred to as the "Organization's Contact Information" below, and in the attached Terms and Conditions).	Address: #123, 456-78 Street,Edmonton, AB, T5J 5P5 Phone: 780-123-4567 Fax: 780-123-4568 Email: administration@corpxyz.com Attention to: Pat Smith, Director, Human Resources

Organization's Primary Business (i.e hospitality, retail)	Construction
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Identifies the types of people you are testing (full/part-time employees, contract, etc.)

Screening Information

Population to be screened (e.g., employees): Contract Workers

Approximate number on a weekly basis

Approximate number of individuals to be screened: 17

Frequency that each individual will be screened – please choose one of the options set out below:

- Once a week
- Twice a week

Number of individuals X Number of tests per week X Number of weeks = **Tests per month** (round up to accommodate boxes of 25 tests)

Number of tests requested per month: 150

Number of months the screening program will be run (maximum up to December 2021): 1 month

By signing this application form, the Organization submits its application, and agrees to enter into an agreement with the Chamber that consists of the attached Terms and Conditions. If the Chamber accepts the Organization's application, the Chamber will sign below and deliver a copy of the fully signed agreement to the Organization, to the Organization's Contact Information.

If you agree with the attached Terms and Conditions, please sign this application form / agreement and return a copy to the Chamber's Contact Information (see above).

The Organization hereby makes this application and agrees to the attached Terms and Conditions, by its duly authorized representative.

Signature: *Pat Smith*
 Name: Pat Smith
 Title: Director, Human Resources
 Date: May, 26, 2021

The Chamber hereby accepts this application and agrees to the attached Terms and Conditions, by its duly authorized representative.

Signature: _____
 Name: _____
 Title: _____
 Date: _____