

CONTRACTOR DISCLOSURE FORM A

FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Workers' Compensation Board Agency Code: 14010
Contractor Name: New York State Society of Orthopaedic Surgeons Inc Contract Number: C140368
Contract Start Date: 3/13/17 Contract End Date: 9/12/17

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All Other	14	300	300,000.00
Total this page	14	300	\$ 300000.00
Grand Total	14	300	300000.00

Name of person who prepared this report: Babette M. Grey

Title: Executive Director

Preparer's Signature: *Babette M. Grey*

Date Prepared: 02/08/2017
Use additional pages if necessary

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