M^cKESSON

McKesson Patient Care Solutions

Holiday Card Design Contest

Enter the McKesson Patient Care Solutions Inc. (MPCS) Holiday Card Design Contest!

It's easy as 1-2-3 to enter:

- 1. Review the contest rules, instructions for entering and the 10/24/14 deadline.
- 2. Print the MPCS Holiday Card Design Contest Template or save it to the design program on your computer. Design an award-winning creation!
- 3. Submit your design and signed permission form to MPCS! Send them to marketing@mckesson.com or McKesson Patient Care Solutions Inc., Marketing Department, Airside Business Park, 540 Lindbergh Drive, Moon Township, PA 15108.

Here is everything you will need. We can't wait to see your creations! Have fun, and good luck.

Sincerely, McKesson Dationt Care Solutions Inc

McKesson Patient Care Solutions Inc. (MPCS)

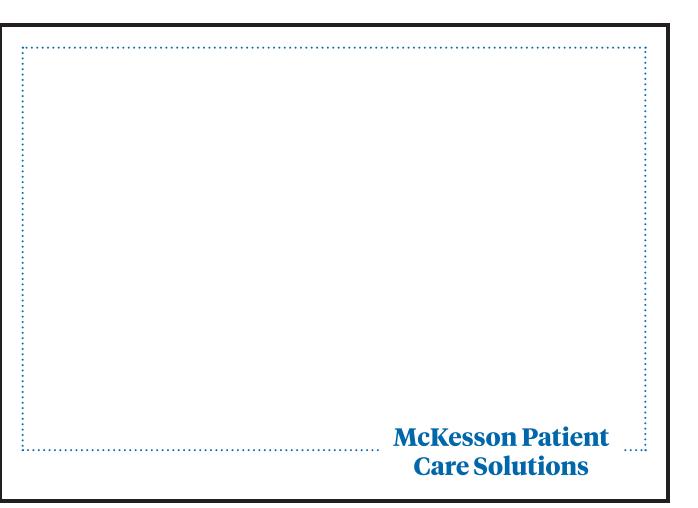
Contest Rules and Instructions

- 1. MPCS Holiday Card Design Contest is open to residents of the United States and the District of Columbia ages 18 and younger. One entry per person.
- 2. Contestants are not required to be McKesson Patient Care Solutions Inc. (MPCS) customers. No purchase necessary.
- 3. The contest runs 10/13/14-10/24/14.
- Deadline for entries is 11:59 p.m. Eastern Time on October 24, 2014. Emailed entries must be time-stamped by 11:59 p.m. on October 24, 2014. Mailed entries must be postmarked October 24, 2014 and received by MPCS no later than October, 31 2014.
- 5. Entries may contain the name McKesson Patient Care Solutions.
- 6. Entries cannot display an identifiable commercial/ corporate advertising other than MPCS.
- Entries can be emailed to marketing@mckesson.com or mailed to McKesson Patient Care Solutions Inc., Airside Business Park, 540 Lindbergh Drive, Moon Township, PA 15108. Entries cannot be faxed.
- 8. Entries must be accompanied by the signed permission form by contestant, or if under 18, a legal guardian.

- 9. By entering, contestants certify that their artwork and their name can be used by MPCS to promote this contest.
- 10. Entries cannot contain, incorporate or reference anything that is owned by any third party or entity or would require the consent of any third party or entity in any jurisdiction.
- 11. Entries must be the contestant's original work that has not won a previous prize or award. Modifying, enhancing or altering a third party's pre-existing work does not quality as a contestant's original creation.
- 12. Entries cannot contain any information that references other websites, addresses, email addresses, contact information or phone numbers.
- 13. Entries must not contain defamatory statements (including words or symbols that are widely considered offensive to individuals of a certain race, ethnicity, religion, sexual orientation or socioeconomic group).
- 14. Finalists will be chosen by the MPCS Marketing Department. MPCS employees will vote to select winner. Winner will be notified by MPCS on or about 11/7/14.
- NOTE: MPCS reserves the right to alter the winner's artwork to conform to color accuracy and printing requirements.

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Permission To Publish Holiday Card Artwork

I hereby grant to McKesson Patient Care Solutions Inc. (MPCS), its employees and representatives the right to use and publish my holiday card artwork and artist information that may contain protected health information in marketing materials for MPCS. I grant permission to MPCS to use my likeness in photograph and writing in any and all of its publications and sales materials.

I authorize MPCS, its assigns and transferees to publish this information in print and/or electronically.

I have the right to revoke this authorization at any time by notifying the Marketing Department at MPCS, 540 Lindbergh Drive, Moon Township, PA 15108 or via marketing@mckesson.com. I understand that information used or disclosed as part of this authorization may be no longer be protected by law.

I have the right to review the material that is going to be published as well as refuse to sign this authorization.

MPCS will not condition my treatment on whether I provide authorization for the requested use or disclosure, except under the following circumstance:

• When the provision of health care by MPCS is solely for the purpose of creating protected health information for disclosure to a third party, when such disclosure is contingent upon my authorization.

[The use or disclosure requested under this authorization will result in direct or indirect remuneration to MPCS from a third party.] (If applicable)

Signature			
Printed name			
Legal guardian name (if under 1	18)		
Legal guardian signature			
Street Address			
City	State	Zip	
E-mail			
Date			