

Advertising Services Supplier Registration Form

Email a completed registration package to commtenders@gov.sk.ca.
Please be sure to attach completed reference check forms and organizational chart.

Legal Company Name:

Head Office Address:

City: Province: Postal Code:

Website:

Date your company was established: Branch office(s) location(s):

Appointed individual who will be the main point of contact and have authorized responsibility to submit bids through the online procurement system:

Name: _____

Phone number: _____

Email: _____

Please identify the business classes in which you are registering:

Advertising Agency

Media Buying

Advertising Agency Services:

Please identify the in-house core services your agency provides as well as any additional or other services:

Core:	Media Planning/ Negotiating/Purchasing
Account Planning and Service	Accounting and Planning
Production Project Management	Additional (please specify):
Strategic Communications Planning	
Creative Conceptualization	
Copywriting	
Graphic Design/Layout	

Media Buying:

Please identify the in-house core services your agency provides as well as any additional or other services:

Core:

- TV and Radio Planning and Buying
- Digital Planning and Buying
- Print and out of Home Planning and Buying
- Broadcast Trafficking and Material
- Management Reconciliation of Buys, Pre and Post Analysis
- Strategic Media Counsel
- Media Audits

Additional (please specify):

Approximate company revenue (past four years):

Year	Amount (\$)	Year	Amount (\$)
Year	Amount (\$)	Year	Amount (\$)

Percentage of revenue currently earned by sector:

Government Sector (all levels) _____	Private Sector _____
Non-Profit Organizations _____	Other _____

My company has a line of credit in excess of \$75,000:

- Yes
- No

Is your firm affiliated (legal or informal) with any other companies? If so, please identify the firms and the nature of the affiliation.

Company Name	Affiliation

In-house Employees (contractors are not to be included):

Number of full-time staff: _____ Number of part-time staff: _____

Please attach an organizational chart.

Please identify any partners employed by the Government of Saskatchewan in the past two years and where they were employed:

Partners Employed by Government of Saskatchewan	Ministry/Branch

Client References:

To be registered in the business classification(s) selected above, please provide three client references you have worked with in the past two years. A reference may speak to multiple classifications. Do not include Government of Saskatchewan clients. Please attach the completed reference forms along with the completed registration form.

Authorization of data:

I/We wish to register my/our company as a potential supplier of goods and/or services to the Government of Saskatchewan.

I/We certify that the information contained in this registration form is correct and current.

I/We further certify that my/our company shall comply with the provisions of the Purchasing Act of Saskatchewan, and its attendant Purchasing Agency Operating Regulations.

I/We certify that my/our company will comply with the policies required by Communications Services.

I/We certify that neither the applicant nor any persons (or concerns) have any connection with the applicant as a principal or officer, so far as known, and is not deterred or otherwise declared ineligible by any public agency from bidding or furnishing materials, supplies or services to a public sector agency thereof.

I confirm that the information provided in this registration is accurate to the best of my knowledge.

I confirm that the above form is complete, including references.

I confirm that all references have completed the reference check form and all references check forms are attached.

Submitted/Prepared by: _____

Name of Authorized Principal: _____

Date: _____