

Advertising Services Supplier Registration Form 2021

Email a completed registration package to commtenders@gov.sk.ca.
Please be sure to attach completed reference check forms and any additional pages as needed.

Legal Business/Company Name:

Division of:

Head Office Address:

City:

Province:

Postal Code:

Phone:

Email Address

Website:

Date your company was established:

Branch office(s) location(s):

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

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

Advertising Agency Services:

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

Core:

- Account Planning and Service
- Production Project Management
- Strategic Communications Planning
- Creative Conceptualization
- Copywriting
- Graphic Design/Layout
- Media Planning/Negotiating/Purchasing
- Accounting and Planning

Additional:

- Promotional
- Items Market
- Research
- Brand Strategy
- Interactive
- Other, please specify

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:

- Other, please specify

Please provide the names and specific responsibilities of all owners/partners.

Names of Owners/Partners	Responsibilities

Employees (owners/partners/contractors are not to be included):

Number of full-time staff:

Number of part-time staff:

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

Is your company limited to a particular geographical area for provision of services? If yes, please state location.

Yes, location:

No

Please disclose any relationships between partners and client list.

Partner	Client	Relationship

Identify clients you have acquired in the past two years:

Identify client you have lost in the past two years:

Client	Reason

Appointed individual who will have authorized access to the Oracle tendering system and online responsibilities:

Name:

Phone number:

Email:

Please identify the business classes in which you are registering

Advertising Agency

Media Buying

Client References:

In order to be registered in the business classification(s) checked 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 below reference check form and all references check forms are attached.

Submitted/Prepared by:

Name of Authorized Principal:

Date: