

Appendix A - Registration Form

Name of Proponent: _____

TO: Public Health Sudbury & Districts

RE: _____

1. Proponent Information

(a) The full legal name of the Proponent is:

(b) Any other relevant name under which the Proponent carries on business is:

(c) The jurisdiction under which the Proponent is governed is:

(d) The name, address, telephone, facsimile number and email address of the contact person for the Proponent is:

(e) Whether the Proponent is an individual, a sole proprietorship, a corporation, a partnership, a joint venture, an incorporated consortium or a consortium that is a partnership or other legally recognized entity:

2. Not a Tender

The Proponent has carefully examined the request document and has a clear and comprehensive knowledge of the Deliverables required under the request document. The Proponent confirms its understanding that the request document is not a tender call and that no contractual relations are created between Public Health Sudbury & Districts and the Proponent as a result of the submission.

3. Addenda

The Proponent confirms that it has read and accepted all addenda issued by Public Health Sudbury & Districts prior to the Deadline for Issuing Addenda. The onus remains on the Proponent to make any necessary amendments to its Proposal based on the addenda.

4. Conflict of Interest

Prior to completing the portion of the Registration Form, Proponents should refer to the definition of Conflict of Interest set out in the request documents.

If the box below is left blank, the Proponent will be deemed to declare that: (1) there was no Conflict of Interest in preparing its submission; and (2) there is no foreseeable Conflict of Interest in performing the contractual obligations contemplated in the request document. Otherwise, if the statement below applies, check the box.

- The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Proposal, and/or the Proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the request document.

If the Proponent declares an actual or potential Conflict of Interest by marking the box above, the Proponent must set out below details of the actual or potential Conflict of Interest:

5. Disclosure of Information

The Proponent hereby agrees that any information provided in this submission, even if it is identified as being supplied in confidence, may be disclosed where required by law or if required by order of a court or tribunal. The Proponent hereby consents to the disclosure, on a confidential basis, of this submission by Public Health Sudbury & Districts to Public Health Sudbury & Districts' advisers retained for the purpose of evaluating or participating in the evaluation of this Proposal.

Representative

Name: _____

Title: _____

Signature: _____

Date: |Year| |Month| |Day|

Appendix B - Reference Form

Each Proponent is requested to provide three references from clients who have obtained similar goods or services from the Proponent in the last five years as those requested in this request document.

Reference #1

Company Name:

Address:

Contact Name:

Telephone Number:

Date Work Undertaken:

Nature of Assignment:

Reference #2

Company Name:

Address:

Contact Name:

Telephone Number:

Date Work Undertaken:

Nature of Assignment:

Reference #3

Company Name:

Address:

Contact Name:

Telephone Number:

Date Work Undertaken:

Nature of Assignment: