



APPLICATION FOR CUSTOMER STATUS

Please complete this form and submit it to:

3sHealth Stakeholder Relations
700-2002 Victoria Avenue
Regina, SK S4P 0R7

ORGANIZATION NAME:	
ORGANIZATION ADDRESS:	
ORGANIZATION POSTAL CODE	
WEBSITE:	
CONTACT NAME:	
CONTACT PHONE:	
CONTACT EMAIL:	
DESCRIPTION OF ORGANIZATION: (Purpose of organization, governance structure, for-profit/non-profit, services provided and to whom, number of employees, number of operating locations, etc.)	
REASON FOR REQUESTING CUSTOMER STATUS WITH 3sHealth: (Specify services that you wish to access)	