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**ACKNOWLEDGMENT OF REPERESENTATIVEN NON-DISCLOSURE**

**THIS ACKNOWLEDGMENT** made as of the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

**BETWEEN:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_  
(the "**Representative**")

**AND**

**The College of Dental Surgeons of Saskatchewan (CDSS)**

**AS** the representative is a member of the CDSS employee group, and or Council, and or Board of Directors; s/he is privy to confidential information including but not limited to employees, members, partner organizations, lobbying efforts, legal proceedings, strategic initiatives and financial information.

**UNTIL** such time as information is officially made public by CDSS, any and all such information that may become known to the representative during the course of her/his employment or other service such as serving on Council/Board, a standing or special Committee, an act of litigation, a process of internal or external or partner negotiation; shall remain solely the confidential property of the CDSS.

**NOW, THEREFORE**, the representative hereby acknowledges and agrees to hold any and all such information in the strictest of confidence at all times, unless it is known to the general public through official processes of the CDSS.

**IN WITNESS WHEREOF** this Acknowledgment is hereby executed by the Representative with the intention of making it legally binding as of the date first above.

Representative signature

CDSS Witness Name (print) and signature