

RETURN BY SEPT. 8

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*Workshop: Acting together against workplace violence.*

**ATTENDANCE AND ADVANCE FORM Region 3**

LOCAL: \_\_\_\_\_ SIN/UNION NO. \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE: (home): \_\_\_\_\_ (work) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

<u>TYPE OF MEETING</u>	<u>DATE</u>	<u>LOCATION/HOTEL</u>
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<u>Violence in the Workplace Campaign</u>	<u>September 29, 2009</u>	<u>Orillia Highwayman Inn</u>
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Members living within 60 kms. of Orillia are not entitled to a room.

Accommodation will be available at the Orillia Highwayman Inn, 201 Woodside Drive, Orillia, ON L3V 6T4  
Members will be reimbursed for the cost of a twin-shared room as per OPSEU policy.  
Accommodations are to be paid for by member and claimed back on the expense form provided at the meeting.  
A rooming list will be prepared by Head Office. If there is another member you have arranged to share with please indicate member name. \_\_\_\_\_

I would like a single room (\$85.00) \_\_\_\_\_ I would like to share a room (\$42.50) \_\_\_\_\_

**TIME OFF** IF TIME OFF is allowed under the applicable article of your Collective Agreement for the above-noted meeting, OPSEU will arrange on your behalf, leave from duty.

**REQUIRED?** YES  NO  **DATES:** \_\_\_\_\_

If yes, please fill in the following information:

Employer: \_\_\_\_\_

Attention: \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Fax # \_\_\_\_\_

**ADVANCE** required prior to meeting: YES  NO  **CONVENOR:** \_\_\_\_\_

**AMOUNT \$** \_\_\_\_\_ Do you want it mailed to your home \_\_\_\_\_ Delivered to the meeting \_\_\_\_\_

**FOR ACCOMMODATIONS, TIME OFF AND ADVANCE REQUESTS; PLEASE FAX THIS FORM TO JACKIE EVANS AT 416 443 1762 NO LATER THAN TUESDAY SEPTEMBER 8, 2009.**

For claimable expenses refer to instructions for travel expenses as outlined on the Travel Expense Form. **OFFICE USE ONLY:**

Date: \_\_\_\_\_ O/S