

RETURN
BY SEPT. 10

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Workshop: Acting together against workplace violence.

ATTENDANCE AND ADVANCE FORM Region 2

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING

DATE

LOCATION/HOTEL

Violence in the Workplace Campaign **October 1, 2009** **Hamilton Convention Centre**
1 Summers Lane, Hamilton, ON

Members living within 60 kms. of Hamilton are not entitled to a room.

Accommodation will be available at the Sheraton Hamilton Hotel, 116 King Street W, Hamilton, ON L8P 4V3

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 (\$129.00) _____ I would like to share a room (\$64.50) _____

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 THURSDAY SEPTEMBER 10, 2009.

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

Date: _____ O/S