



The Sheraton Hotel  
123 Queen Street West  
Toronto, Ontario M5H 2M9  
(416) 361-1000

**DELEGATE CREDENTIAL**  
**MINISTRY OF HEALTH & LONG-TERM CARE**  
**Conference & Divisional Meeting November 6&7, 2010**

**COMPLETE AND RETURN TO JOB SECURITY UNIT (Please Print) LOCAL \_\_\_\_\_**

Name Mr  Mrs  Miss  Ms  \_\_\_\_\_  
(Last name) (First Name)

Home Address \_\_\_\_\_  
(Street, P.O. Box #, Rural Route #) (Apt. #) (City) (Postal Code)

Home Phone # ( ) \_\_\_\_\_ Bus. # ( ) \_\_\_\_\_ S.I.N. \_\_\_\_\_

Personal Email Address \_\_\_\_\_

**STATUS (Check one only) Delegate  Automatic Delegate**

**MEMBERS ARE RESPONSIBLE FOR MAKING THEIR OWN ACCOMMODATION ARRANGEMENTS. Please read the ACCOMMODATION AND EXPENSE GUIDE.**

**ADVANCE REQUIRED: (DELEGATES ONLY) YES  NO  Amount \$ \_\_\_\_\_**

To be mailed to: Home  Hold for pick-up at Divisional  Regional Office  \_\_\_\_\_

**SPECIAL NEEDS? NO  YES  Please complete the *Personal Assistance Form*.**

**CHILDCARE REQUIRED NO  YES  Please complete the *Childcare Form*.**

**You must register by October 8, 2010. OPSEU will not be responsible for childcare after the deadline.**

**This form must be attested to by two officers of the local sending delegates.**

We hereby certify that the above-named member is an official delegate to the Divisional Meeting.

1. NAME (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Position on Local Executive: \_\_\_\_\_

2. NAME (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Position on Local Executive: \_\_\_\_\_

**FORWARD A COPY TO *Cynthia Forsyth*, OPSEU Head Office,  
NO LATER THAN OCTOBER 8, 2010 via fax: 416-448-7462  
BRING A COPY OF THIS FORM TO THE CONFERENCE AND THE MINISTRY  
HEALTH & LONG-TERM CARE DIVISIONAL MEETING**