

HEALTH CARE DIVISIONAL COUNCIL
Workplace Violence Campaign Workshop – November 25, 2008
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 November 25, 2008 MEMBERS MEETING Room
Hamilton Regional Office
55 Frid Street, Suite #1, Hamilton, ON L8P 4M3- 905-525-5528*

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

Accommodation will be available at the **Crown Plaza Hamilton, 150 King Street East, Hamilton, 905-528-2789**. 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. Please attach all receipts.

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 (\$145.77) _____ I would like to share a room (\$145.77) _____

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 TINA FURMAN AT 416-443-1762 NO LATER THAN Tuesday, OCTOBER 21, 2008.

For claimable expenses refer to instructions for travel expenses as outlined on the Travel Expense Form.

OFFICE USE ONLY:

Date: _____ O/S _____