

HEALTH CARE DIVISIONAL COUNCIL
Workplace Violence Campaign Workshop – November 20, 2008
ATTENDANCE AND ADVANCE FORM Region 3

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING

DATE

LOCATION/HOTEL

Violence in the Workplace Campaign *November 20, 2008* *GUILD CENTRE room*
Holiday Inn, Oshawa
1011 Bloor Street East, Oshawa, ON L1H 7K6 – 905-576-5101

Please note that we have done our best to ensure that the nut free policy is in place. However, the chef at the Holiday Inn cannot guarantee that the baked goods are nut free. Thank you for your understanding.

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

Accommodation will be available at the Holiday Inn, 1011 Bloor Street East, Oshawa.

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 (\$132.00) _____ I would like to share a room (\$132.00) _____

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 Thursday, OCTOBER 16, 2008.

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

OFFICE USE ONLY:
Date: _____ O/S _____