

HEALTH CARE DIVISIONAL COUNCIL
Workplace Violence Campaign Workshop – January 15, 2009
ATTENDANCE AND ADVANCE FORM Region 4

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING DATE LOCATION/HOTEL

Violence in the Workplace Campaign January 15, 2009 ALGONQUIN AB
Delta Ottawa Hotel & Suites
361 Queen Street, Ottawa, ON K1R 7S9 – 613-238-6000

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

Accommodation will be available at the Delta Ottawa Hotel & Suites, 361 Queen Street, Ottawa. 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 (\$149.00) _____ I would like to share a room (\$149.00) _____

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 Monday, DECEMBER 15, 2008.

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

OFFICE USE ONLY:
Date: _____ O/S _____