

HEALTH CARE DIVISIONAL COUNCIL
Workplace Violence Campaign Workshop – November 12, 2008
ATTENDANCE AND ADVANCE FORM Region 5

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING **DATE** **LOCATION/HOTEL**

*Violence in the Workplace Campaign November 12, 2008 SEYMOUR ROOM
Delta Chelsea Hotel
33 Gerrard Street West, Toronto, ON M5G 1Z4 – 416-595-1975*

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

Accommodation will be available at the Delta Chelsea Hotel, 33 Gerrard Street West, Toronto. 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 (\$169.50) _____ I would like to share a room (\$169.50) _____

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 TINA FURMAN AT 416-443-1762 NO LATER THAN Tuesday, OCTOBER 7, 2008.

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

OFFICE USE ONLY:

Date: _____ O/S