

HEALTH CARE DIVISIONAL COUNCIL
Workplace Violence Campaign Workshop – November 7, 2008
ATTENDANCE AND ADVANCE FORM Region 7

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING DATE LOCATION/HOTEL

Violence in the Workplace Campaign November 7, 2008 CARLTON ROOM
Victoria Inn – Thunder Bay
555 Arthur Street West, Thunder Bay, ON P7E 5R5 – 807-577-8481

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

ACCOMMODATION will be available at the Victoria Inn, 555 Arthur Street West, Thunder Bay.

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 (\$106.69) _____ I would like to share a room (\$106.69) _____

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 Friday, OCTOBER 3, 2008.

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

OFFICE USE ONLY:

Date: _____ O/S