



PERSONAL INFO

LOCAL: _____ SIN/UNION # _____

Name: _____

Home Address: _____

Phone Numbers: _____

E-Mail: _____

Last _____ First _____

Street _____ City _____ Postal Code _____

Home _____ Business _____

H _____ W _____

STATUS Delegate Sector Executive Observer *(Please check one only)*

HOTEL Will be required at the *Radisson Hotel Toronto East* for the nights of November 20 & 21, 2008, Yes No

Single: \$119.00 Double: \$119.00 Twin (Shared): \$59.50 (Plus 15% tax)

I wish to share with _____

MEMBERS ARE RESPONSIBLE FOR MAKING THEIR OWN ACCOMMODATION ARRANGEMENTS.

- Accommodation is to be shared with another delegate. If you request anything else, it will be your/the Local's responsibility to pay the difference in cost.
- Rooms cannot be guaranteed after **OCTOBER 3, 2008**
- OPSEU **will not** pay for accommodation for members living within sixty (60) km of the hotel.

BARGAINING UNIT INFO Employer Name: _____

If multiple units, please indicate your unit: _____

TIME OFF Your Collective Agreement provides for time off under local union business leave. You should advise your employer.

Time off letter required Yes No Dates: _____

If yes, please complete in FULL, otherwise time-off requests will be delayed

Name & Title of Employer Contact: _____

Employer: _____

Address (including postal code): _____

Fax # (including area code): _____

Please check off if you are attending on: Shift Vacation Regular Day Off Work Day

NOTE: Claims for lost wages must be accompanied by supporting documentation confirming the details of time off without pay. Own time will be paid to members using lieu days, accumulated credits or vacation days. Own time will not be paid for an unpaid day.

ADVANCE Yes No

Amount \$ _____ Sent to: Home Meeting Regional Office

SPECIAL NEEDS Yes No *Please complete Personal Assistance From attached*

CHILD CARE Yes No *Please complete Child Care Registration Form attached, if applicable*

This form must be attested to by two officers of the local sending delegates.

Signed Off: NAME _____ POSITION _____

SIGNATURE _____

IMPORTANT: Please return this form by **October 3, 2008** to: **Agnela Pereira (Fax: 416-448-7451),**
Email: apereira@opseu.org