

HOSPITAL PROFESSIONALS DIVISION (SECTOR 10)

LOCAL NEGOTIATION TEAM

*Please fax (416-448-7451) to Agnela Pereira by October 3, 2008*

LOCAL # \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

BARGAINING UNIT: \_\_\_\_\_

CHAIRPERSON: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NO: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Ext. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEMBER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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PHONE NO: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Ext. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEMBER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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PHONE NO: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Ext. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEMBER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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PHONE NO: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Ext. \_\_\_\_\_

E-MAIL: \_\_\_\_\_