CREDENTIAL FORM
HOSPITAL PROFESSIONALS DIVISION
PROVINCIAL DEMAND-SETTING MEETING
November 19 & 20, 2010

Courtyard by Marriott
475 Yonge St.
Toronto, ONTARIO
Tel: (416) 924-0611
1-800-847-5075

PERSONAL INFO	LOCAL: _____		SIN/UNION # _____	
	Name: _____			
		Last	First	
	Home Address: _____			
		Street	City	Postal Code
	Phone Numbers: _____			
		Home	Business	
	E-Mail:	H _____	W _____	
STATUS	Delegate ☐	Sector Executive ☐	Observer ☐	***(Please check one only)***
HOTEL	***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 18, 2010** • 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): _____ _____ _____ Email/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 Form attached, if applicable***
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 _____	NAME _____
	SIGNATURE _____	SIGNATURE _____
	POSITION _____	POSITION _____

IMPORTANT: Please return this form by ***October 18, 2010*** to: ***Collective Bargaining (Fax: 416-448-7451), Email: apereira@opseu.org***