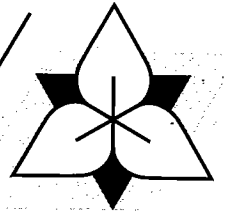


WAYNE SAMUELSON
President
IRENE HARRIS
Secretary - Treasurer
TERRY DOWNEY
Executive Vice-President



OFL/FTO

August 2006

TO: Local Unions with members in HOSPITALS

Dear Sisters and Brothers:

BACK BY POPULAR DEMAND

Learn to read a hospital operating budget . . . and so much more!

If you sit on your hospital's Fiscal Advisory Committee - or want to - this two-day course will go a long way in giving you the tools you need to feel confident and knowledgeable representing your union on an FAC.

The OFL has hired Chartered Accountant David Fry, of Clarke Henning, to update the 1993 course. It was based on Accounting 101 lessons and demystified budget lines and hospital financial procedures.

You'll also learn about your rights and entitlements to financial information and how to claim them.

Attached are the dates and venues of the six workshops, together with registration forms.

We have a maximum of 40 persons/workshop assigned on a first-come basis.

In solidarity,

IRENE HARRIS
Secretary-Treasurer

iH:fc:cope343
Att.





Learn to read a hospital operating budget ... and so much more!

WORKSHOPS

(first day 9:00 a.m. – 5:00 p.m. and second day 9:00 a.m. – noon)

1. October 18 and 19 Toronto
 OSSTF Offices
 60 Mobile Drive

2. October 23 and 24 Thunder Bay
 Valhalla Inn

3. November 1 and 2 Toronto
 ONA Offices
 85 Grenville Street

4. November 6 and 7 London
 London Hilton

5. November 15 and 16 Sudbury
 Radisson Hotel

6. January 2007 Ottawa
 Date and location to be advised

There is a maximum of 40 persons per workshop, assigned on a first-come basis.

The cost per workshop is \$90. Lunch is included on the first day.

A number of hotel rooms have been blocked in each city. Please make your own reservation and state that you are attending the OFL meeting.



ONTARIO FEDERATION OF LABOUR

Learn to read a hospital operating budget . . . and so much more!

Registration Form

Union _____ Local # _____

Address _____

City/Town _____ Postal Code _____

Telephone [Work] _____ [Home] _____

[Fax] _____ [E-mail] _____

Registration fee is \$90.00

Please print clearly. Photocopy extra forms if needed.

Workshop Location	Last Name	First Name	Telephone

Please note that there is a maximum of 40 persons per workshop, assigned on a first-come basis.

Please enclose cheque in the amount of \$ _____ to cover _____ delegate(s).

Please complete and return form with cheque payable to **"Fiscal Advisory Committee Workshops"** as soon as possible to: FAC Workshops, Ontario Federation of Labour, 15 Gervais Drive, Suite 202, Toronto, Ontario, M3C 1Y8.

Please cancel 24 hours before workshop for registration refund. After this time, materials will be forwarded.



ONTARIO FEDERATION OF LABOUR

Learn to read a hospital operating budget ... and so much more!

Child Care Registration Form

Return ASAP

Number of children requiring child care _____

Last Name	First Name	Age	Sex	Health Card #

Does your child have any special dietary or medical requirements?

Does your child have a nap during the day? Yes _____ No _____

I give permission for my child(ren) to participate in an excursion. Yes _____ No _____

Any special requirements for your child (bottles, diapers, special food) should accompany the child.

Unfortunately, due to prohibitive costs, **child care will not be provided if less than ten (10) children register.** If this happens, you will be contacted by phone.

RELEASE FORM

I hereby release the Ontario Federation of Labour from any and all claims for damages to the safety or health of my child, however caused.

Name of Delegate _____

Organization _____ Local # _____

Address _____

City/Town _____ Postal Code _____

Telephone [work] _____ [home] _____ E-Mail _____

Signature of Parent or Guardian

Date

Please complete and return form ASAP to: FAC Workshops, Ontario Federation of Labour, 15 Gervais Drive, Suite 202, Toronto, Ontario, M3C 1Y8 or by fax at 416-441-1893.



Ontario Federation Of Labour

**Learn to read a hospital operating budget ...
and so much more!**

Personal Assistance Request Form

Return by October 11, 2006

Name of Delegate: _____		Union and Local No. _____	
Address: _____ _____			
		City, Province	Postal Code
Telephone: (Home) _____		Telephone: (Work) _____	
Fax: _____		E-mail: _____	

1. NATURE OF YOUR DISABILITY

If you consider that you have a disability, how would you categorize your condition?

- Mobility Impairment _____
- Blind/Visually Impaired _____
- Speech Impairment/
Communications Disability _____
- Deaf/Hearing Impaired _____
- Coordination Impairment _____
- Non-visible Physical
Impairment _____

Other, please specify: _____

2. HOTEL/MEETING ACCOMMODATION

Please check which of the following you would require at the hotel and/or meeting?

CITY _____

	HOTEL	MEETING
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodations Requirements <i>(Please Specify)</i>		

3. PERSONAL ASSISTANCE

Do you have a guide dog? Yes _____ No _____

Do you have a personal care attendant to assist you? Yes _____ No _____

If yes, will your personal care attendant accompany you to this conference? Yes _____ No _____

4. ALTERNATIVE MEDIA

Will you need resource material in alternative media? Yes _____ No _____
If yes, please specify:

Large Print (preferred font size _____) _____

Braille _____

Computer Diskettes _____

Other (please specify) _____

Please mail or fax completed form ASAP to:

**FAC WORKSHOPS
15 Gervais Drive, Suite 202
Toronto, ON M3C 1Y8
(Fax) 416-441-1893**