



CREDENTIAL FORM
HOSPITAL PROFESSIONALS DIVISION
PRE-BARGAINING CONFERENCE
 December 2, 2005, 2005

Delta Chelsea Inn
 33 Gerrard St. W.
 Toronto, Ontario
 (416) 595-1975

PERSONAL INFO	LOCAL: _____	SIN/UNION # _____
	Name: _____	_____
	Home Address: _____	_____
	Phone Numbers: _____	_____
	E-Mail: _____	_____
	_____	_____

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

HOTEL Will be required at the **Delta Chelsea Inn** for the night of December 1, 2005 Yes No
 Single: \$139.00 Double: \$139.00 Twin (Shared): \$69.50 (Plus 15% tax)
 Smoker Non-Smoker I wish to share with _____

Please Note: (DO NOT book your own – accommodations will be booked by OPSEU)

- 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 if we have not received your registration at Head Office **by November 14, 2005.**
- OPSEU **will not** pay for accommodation for members living within sixty (60) km of the hotel.

B.U. INFO Employer Name: _____
 _____ FT/PT FT PT

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: _____

Name & Title of Employer Contact: _____

Employer: _____

Address: _____

Fax #: _____

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**

Please have this signed by the highest ranking officer in your local or bargaining unit

Signed Off: NAME _____ POSITION _____
 SIGNATURE _____

IMPORTANT: Please return this form by **November 14, 2005** to: **Agnela Pereira (Fax: 416-448-7451), Email: apereira@opseu.org**