

PRE-BARGAINING CONFERENCE FORMS

Delta Chelsea – September 10, 2011
Rossetti Room

NECESSARY for Attendance

1) Attendance and Advance Form

Return only if required

2) Childcare Request

3) Special Needs

Submit forms and book accommodations by August 17, 2011

Attention: Francesca Sinicropi

Fax: 416-448-7451

OR

Scan and email: fsinicropi@opseu.org



REGISTRATION FORM FOR CHILD CARE
 MUNICIPAL PROPERTY ASSESSMENT CORPORATION
PRE-BARGAINING CONFERENCE

Delta Chelsea – September 10, 2011

NOTE: Requests for on-site child care should be received by **August 17, 2011** otherwise child care arrangements for on-site child care may not be made. Members who bring their children to the event without the required notice may be responsible for making their own Childcare arrangements. The Family Attendant Care section on the reverse side of the expense claim must be completed whenever family care or meals for dependant children are claimed.

Child's Name	Age	Medical Problems Allergies, Special Care Needed	Health Card #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what days and times will the child care be required?

Name of Parent (print) _____ **Signature** _____

Home Address _____ (Street) _____ (Apt) _____ (City) _____ (Postal Code)

Phone #: (Home) _____ (Bus) _____

Local # _____ **Union Number** _____

NOTE: According to OPSEU policy:

1. The meal allowance for children under the age of 13 years of age is 50 percent of OPSEU's standard meal allowance.
2. Members who bring children to union events will be entitled to single accommodation.
3. Child and dependant care claims must be signed by the care provider and may be verified by Head Office before reimbursement is made.

PLEASE FAX THIS FORM TO FRANCESCA SINICROPI AT: 416-448-7451 OR SCAN AND SEND BY EMAIL TO: fsinicropi@opseu.org BY AUGUST 17, 2011



PERSONAL ASSISTANCE REQUEST FORM
MUNICIPAL PROPERTY ASSESSMENT CORPORATION
PRE-BARGAINING CONFERENCE

Delta Chelsea – September 10, 2011

Last Name _____ **First Name** _____

Street _____

City _____ **Postal Code** _____

Phone (Work) _____ **(Home)** _____

Local _____ **Union #** _____

Blind or visually impaired _____

Deaf or hearing impaired _____

Wheelchair _____

I use crutches and need to be near an elevator _____

Allergies _____

Please specify any other special requirements _____

I will need special assistance in evacuating my room _____

Arrival Date _____ **Departure Date** _____

PLEASE FAX THIS FORM TO FRANCESCA SINICROPI AT: 416-448-7451 OR SCAN AND SEND BY EMAIL TO: fsinicropi@opseu.org BY AUGUST 17, 2011.