

RETURN
BY SEP 12

2008 LBED Health and Safety Training Project—Acting together for safer workplaces.

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ATTENDANCE AND ADVANCE FORM—REGION 2

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

PURPOSE OF MEETING

DATE

LOCATION/HOTEL

2008 H&S Training Project

October 16, 2008
9 am—430 pm

Hamilton Regional Office
55 Frid Street, Hamilton, L8P 4M3

Members living within 60 kms. of Hamilton are not entitled to a room.

Accommodation will be available at the Staybridge Suites – Hamilton-Downtown, 118 Market St., Hamilton
Members will be reimbursed for the cost of a twin-shared room as per OPSEU policy. Workshop lunch will be provided.

Accommodations are to be paid for by member and claimed back on the expense form provided at the meeting.
A rooming list will be prepared by Head Office. If there is another member you have arranged to share with please indicate member name. _____

I would like a single room

I would like to share a room

TIME OFF: LOCALS are asked to utilize 80/20 fund for time off. See your Local President or Designate. Local Presidents/Designates should fax: 1) applicable registration form for region, 2) special needs form, 3) 80/20 fund form and, 4) time off request to Eunice Graham at 416-443-8618. To discuss any problems, questions or concerns call Terri Aversa at 1-800-268-7376, extension 8774.

REQUIRED? YES NO DATES: _____

If yes, please fill in the following information:

Employer/supervisor name: _____

Attention: _____ Title/Position _____

Address _____ City _____ Postal Code _____

Fax # _____

ADVANCE required prior to meeting: YES NO CONVENOR: _____

AMOUNT \$ _____ Do you want it mailed to your home _____ Delivered to the meeting _____

FOR ACCOMMODATIONS, TIME OFF AND ADVANCE REQUESTS; PLEASE FAX THIS FORM TO Eunice Graham at 416-443-8618 NO LATER THAN FRIDAY SEPT 12.

For claimable expenses refer to instructions for travel expenses as outlined on the Travel Expense Form.

OFFICE USE ONLY:

Date: _____ O/S _____