

RETURN  
BY OCT 3

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

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ATTENDANCE AND ADVANCE FORM—REGION 7

LOCAL: \_\_\_\_\_ SIN/UNION NO. \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE: (home): \_\_\_\_\_ (work) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PURPOSE OF MEETING

DATE

LOCATION/HOTEL

2008 H&S Training Project

November 6, 2008  
9 am—430 pm

Victoria Inn  
555 West Arthur Street, Thunder Bay, P7E 5R5

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

Accommodation will be available at the Victoria Inn also.

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 OCT 3.**

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

**OFFICE USE ONLY:**

Date: \_\_\_\_\_ O/S \_\_\_\_\_