

**NEW PRESIDENTS' ORIENTATION WORKSHOP  
DECEMBER 8 & 9, 2009**

Local: \_\_\_\_\_ UNION # \_\_\_\_\_

Name: (Ms) (Mr.) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**If time off is allowed under the applicable article of your Collective Agreement for the above noted meeting, OPSEU will arrange on your behalf leave from duty REQUIRED Yes ( ) No ( ) Dates: \_\_\_\_\_  
State Ministry, College, Hospital, etc. \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Name, Title, Fax# of Personnel to be contacted: \_\_\_\_\_**

**Please circle if you are attending on: SHIFT/VACATION/WORKDAY/REG. DAY OFF**

**ADVANCE: \$ \_\_\_\_\_**

**DELIVER TO MEETING**

**MAIL TO:  HOME**

**TORONTO HEAD OFFICE**

**ACCOMMODATION NEEDS ONLY:**

( ) Monday and Tuesday- room nights only      ( ) smoking      ( ) non-smoking Dec. 7 & 8

<b>ROOM TYPE REQUIRED</b>	Twin Shared ( )	Single ( )	Double ( )
<b>Per night:</b>	\$64.50 plus 13%	\$129.00 plus 13%	\$129.00 plus 13%

**Radisson Toronto East Hotel – 55 Hallcrown Place, Toronto**

**OPSEU will be responsible for booking your room nights. Please indicate if you would like a room for 2 nights (Monday and Tuesday) Please note that if single accommodation is requested, you will be expected to absorb the difference between shared accommodation and single cost. \*You will be responsible for payment upon checkout.**

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**PERSONAL ASSISTANCE AND/OR SPECIAL NEEDS REQUEST FORM  
NEW PRESIDENTS' ORIENTATION**

**PLEASE PRINT**

**LOCAL \_\_\_\_\_**

NAME (Ms/Mr) \_\_\_\_\_

Blind or visually impaired

Deaf or hearing impaired

Wheel hub to hub measures: \_\_\_\_\_ cm.

I use crutches and need to be near an elevator

I will need special assistance in evacuating my room

Food allergies

Vegetarian

Smoker

Non-smoker

Please specify any other special requirements: