



The Sheraton Hotel
123 Queen Street West
Toronto, Ontario M5H 2M9
(416) 361-1000

DELEGATE CREDENTIAL
MINISTRY OF HEALTH PROMOTION
Conference & Divisional Meeting November 6&7, 2010

COMPLETE AND RETURN TO JOB SECURITY UNIT (Please Print) LOCAL _____

Name Mr Mrs Miss Ms _____
(Last name) (First Name)

Home Address _____
(Street, P.O. Box #, Rural Route #) (Apt. #) (City) (Postal Code)

Home Phone # () _____ Bus. # () _____ S.I.N. _____

Personal Email Address _____

STATUS (Check one only) Delegate Automatic Delegate

MEMBERS ARE RESPONSIBLE FOR MAKING THEIR OWN ACCOMMODATION ARRANGEMENTS. Please read the ACCOMMODATION AND EXPENSE GUIDE.

ADVANCE REQUIRED: (DELEGATES ONLY) YES NO Amount \$ _____

To be mailed to: Home Hold for pick-up at Divisional Regional Office _____

SPECIAL NEEDS ? NO YES Please complete the *Personal Assistance Form*.

CHILDCARE REQUIRED NO YES Please complete the *Childcare Form*.

You must register by October 8, 2010. OPSEU will not be responsible for childcare after the deadline.

This form must be attested to by two officers of the local sending delegates.

We hereby certify that the above-named member is an official delegate to the Divisional Meeting.

1. NAME (print): _____ Signature: _____

Position on Local Executive: _____

2. NAME (print): _____ Signature: _____

Position on Local Executive: _____

**FORWARD A COPY TO *Cynthia Forsyth*, OPSEU Head Office,
NO LATER THAN OCTOBER 8, 2010 via fax: 416-448-7462
BRING A COPY OF THIS FORM TO THE CONFERENCE AND THE
MINISTRY OF HEALTH PROMOTION DIVISIONAL MEETING**