



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

**OBSERVER CREDENTIAL
MINISTRY OF COMMUNITY SAFETY &
CORRECTIONAL SERVICES
(CORRECTIONS COMPONENT)**

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 _____

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

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 observer 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 COMMUNITY SAFETY & CORRECTIONAL SERVICES
(CORRECTIONS COMPONENT) DIVISIONAL MEETING**