ALTERNATE CREDENTIAL
MINISTRY OF COMMUNITY & SOCIAL SERVICES
Conference & Divisional Meeting November 15&16, 2008

COMPLETE AND RETURN TO THE 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 September 26, 2008. 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 alternate 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 SEPTEMBER 26, 2008 via fax: 416-448-7462
BRING A COPY OF THIS FORM TO THE CONFERENCE AND THE MINISTRY OF COMMUNITY & SOCIAL SERVICES DIVISIONAL MEETING