



**ALTERNATE CREDENTIAL  
 MINISTRY OF HEALTH & LONG-TERM CARE  
 Conference & Divisional Meeting November 15&16, 2008**

**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 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 HEALTH & LONG-TERM CARE DIVISIONAL MEETING**

