# DELEGATE CREDENTIAL
## MINISTRY OF HEALTH PROMOTION
## 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 _____

**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 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 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 SEPTEMBER 26, 2008 via fax: 416-448-7462**
**BRING A COPY OF THIS FORM TO THE CONFERENCE AND THE MINISTRY OF HEALTH PROMOTION DIVISIONAL MEETING**