



OBSERVER 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 _____

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 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 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**