



OBSERVER CREDENTIAL
MINISTRY OF TRAINING, COLLEGES & UNIVERSITIES
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 TRAINING, COLLEGES & UNIVERSITIES DIVISIONAL
 MEETING**