



5-day National Human Rights Initiative
September 25 – 29, 2023
Gimli, Manitoba
Registration Deadline: August 21, 2023 at 5 p.m.



Turtle Island

Please complete the following: (one form per participant)

| | | | | |
|--|---------------|---|--|-------------------------------|
| Name of Local: | | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Temp |
| <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Non-Binary <input type="checkbox"/> Equity Seeking Group | | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Worker of Colour | |
| | | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Differently Abled | |
| Name: | | <input type="checkbox"/> URBAN <input type="checkbox"/> URBAN <input type="checkbox"/> PSBU | | |
| Address: | City: | Postal Code: | | |
| Phone #: | Email: | | | |
| Emergency contact name: | | Phone # | | |
| ACCOMMODATION AND TRANSPORTATION | | | | |
| <p>All accommodations are guaranteed. It is the responsibility of the participant to notify the Regional Office of any cancellation prior September 21, 2023. Failure to inform the Regional Office will result in a “no show” room charge which will be submitted to the participant/Local for payment. The Hotel is a non-smoking facility.</p> | | | | |
| <p>I will be travelling by: <input type="checkbox"/> Air (special request): _____ Date of Birth: _____ Day – Month - Year</p> <p style="text-align: right;"><i>Required for airline ticket</i></p> <p style="text-align: center;">Important: Please print name as appears on ID for airline ticket purposes:</p> <p style="text-align: center;">_____</p> | | | | |
| All flight cancellation costs will be billed to the participant/Local. | | | | |
| <p>As meals will be provided, please list your food allergies/dietary preference; environmental, mobility, medical, hearing, vision or any other special needs that we should be aware of:</p> | | | | |

All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.

 Signature of Local President

 Signature of Applicant

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|---------------------------------------|--|---|--|--|--|
| How long have you been a CUPW Member? | 0 - 4 Years <input type="checkbox"/> | 5 - 10 Years <input type="checkbox"/> | 11 – 15 Years <input type="checkbox"/> | 16 – 20 Years <input type="checkbox"/> | 20+ Years <input type="checkbox"/> |
|---------------------------------------|--|---|--|--|--|

Have you attended any other CUPW Educational(s)? Please list.

What positions have or do you hold in your Local?
(e.g Executive, Shop Steward, Committee Member)

Please list any involvement in your community.
(labour or otherwise).

Briefly describe what interests you in the course(s) you are applying for.

How do you plan to apply what you will learn in this course as a Member of CUPW or in your community?
