

COURSES OFFERED

- BASIC SHOP STEWARD
- UPDATING ROUTES & BASIC LCRMS
- WELCOME TO CUPW
- SECRETARY TREASURER ROLES & RESPONSIBILITIES

Please complete the following: (one form per participant)

Name of Local:			
Name:		<input type="checkbox"/> Brother	<input type="checkbox"/> Sister <input type="checkbox"/> They
		<input type="checkbox"/> Indigenous	<input type="checkbox"/> Worker of Colour
		<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Differently Abled
Address:		Postal Code:	
Phone #:		Email:	
Work Schedule: (i.e. start and finish time and days off)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	<input type="checkbox"/> Urban <input type="checkbox"/> RSMC <input type="checkbox"/> PSBU
Course applying for:			
1 st Choice:		2 nd Choice:	
Emergency contact name:		Phone #	

Accommodation and Transportation

ACCOMMODATIONS ARE GUARANTEED. It is the responsibility of the participant to notify the Regional Office of any cancellation at least **24 hours prior to Check-In**. Failure to inform the Regional Office will result in a “no show” room charge which will be submitted to the participant/Local for payment.

I will be travelling by: ☐ Bus ☐ Personal Vehicle ☐ Air (special request): _____

Changes to Travel Arrangements once application is submitted will not be accepted.

Important: Please print name as appears on ID for airline ticket purposes:

*** All flight cancellation costs will be billed to the participant/Local.**

*Please list any environmental or **food allergies**, mobility, medical, hearing or visions issues that we should be aware of:*

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)