



Prairie/Pacific 5-DAY Education Seminars
September 13 - 18, 2026
Lakeview Resort & Conference Centre, Gimli, Manitoba

Pacific

Note: this is a smoke-free facility

Registration Deadline: August 7, 2026 - 5:00 pm.

COURSES OFFERED

- Turtle Island
- Shop Steward Advanced

Please check the course you are selecting

Please complete the following: (one form per participant)

Name of Local & Number:		<input type="checkbox"/> Urban	<input type="checkbox"/> RSMC	<input type="checkbox"/> PSBU
<input type="checkbox"/> Sister	<input type="checkbox"/> Brother	<input type="checkbox"/> *X	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Differently Abled
*Includes Trans, Non-Binary, and Binary gender identities, as well as members who do not want to disclose their gender identity.			<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Worker of Colour
			<input type="checkbox"/> Young Worker (35 or younger)	
Name:				
Pronouns:		HRID#		
Address:		City:		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/PRE <input type="checkbox"/> Temp/OCRE		
Emergency contact name:		Phone #		
Food Allergies – Transportation - Accommodation				
<i>Please list any environmental or food allergies, mobility, medical, hearing or visions issues that we should be aware of:</i>				
I will be travelling by: <input checked="" type="checkbox"/> Air (special request): _____ Aeroplan# _____ Birthdate (for air flight purposes) _____ <div style="text-align: right;">DD_MM_YYY</div> <p align="center">Important: Please print name as appears on ID for airline ticket purposes:</p>				

All Accommodations are guaranteed.

By signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I am unable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any “no-show” costs associated with non-attendance.

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

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?
