



OBSERVER CREDENTIAL MINISTRY OF GOVERNMENT & CONSUMER SERVICES Conference & Divisional Meeting – November 29 & 30, 2014

COMPLETE AND F	RETURN TO JOB SECURITY	UNIT (Please Print)	LOCAL	
Name(Last name)		(Fi	(First Name)	
			,	
	(Street, P.O. Box #, Rural Route #	(Apt. #) (City)	(Postal Code)	
Home Phone # ()	Bus. # ()	Union # _		
Personal Email Addres	S			
Members	are responsible for makir Please read the accor	•	•	
Accommodation?	NO □ YES □ Please com	plete the Human Rig	hts Accommodation Reque	st form
	CARE REQUIRED NO D \(\text{Yer by October 24, 2014. OPSE)}	•		lline.
	must be attested to by the ereby certify that the above-named m			S.
1. NAME (print		Signaturo:		
Docition on I):	Signature		
Position on t	cocal Executive:			

Forward a copy to the Job Security Unit, OPSEU Head Office, no later than October 24, 2014

by fax to 416-448-7462 or by email to 2014opsconference@opseu.org
BRING A COPY OF THIS FORM TO THE CONFERENCE AND THE MINISTRY OF GOVERNMENT & CONSUMER SERVICES MEETING