



Member Event Registration Form

Section A: Contact Information

First Name: _____ Last Name: _____

Address / Apt. # / City / Postal Code: _____

Home Phone: _____ Cell Phone: _____

Union #: _____ Local: _____ Secure Email: _____

Section B: (Time-off Letter) Complete this section if you require time-off

Time Off Dates: Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____

Employer

BPS

CAAT-S

CAAT-A

OPS

Workplace: _____

Employer Contact: _____

Employer Job Title: _____ Employer Contact Email: _____

Section C: Childcare Request

Name	Allergies, Special Care Needed	mm/yy

Childcare Dates:

Date 1 _____

Date 2 _____

Date 3 _____

Date 4 _____

Section D: Hotel Room Booking

Do you require a Hotel Room Booking: Yes No

If yes, fill in the attached Hotel Room Booking Form.

Section E: Advance Request

Do you require an Advance: Yes No

If yes, please fill in the attached Advance Request Form.

Section F: Human Rights Accommodation

Do you require an OPSEU approved Human Rights Accommodation: Yes No

If yes, please fill in the attached Human Rights Accommodation Form.

Date Received: _____ Processed by: _____

Fax to 416-448-7462 or email to opsconference@opseu.org by October 12, 2016.