

HSA Election Campaign School Application Form

- Thursday, January 31 & Friday, February 1, 2008 -

HSA Office, 300 - 5118 Joyce Street, Vancouver

HSA will phone applicants to confirm whether you are registered for this workshop. Please do not book travel or accommodation until your registration is confirmed.

PART I (Please print clearly):

Name: _____ Job Title: _____

Facility (employer): _____

Position: Chief Steward Assistant Steward General/Site Steward Member

Home Address: _____

_____ (postal code) _____

Telephone Numbers: (Home) _____ (Work) _____ (Local) _____

Home E-mail Address: _____

HSA pays expenses and provides wage replacement or banked time for members attending HSA workshops.

PART II - Accommodations

Please note: HSA policy provides for shared accommodations. If you wish to book a single room, you will be responsible for paying half of the room rate when you check-out (approximately \$62.50/night plus taxes) directly to the hotel. In order for HSA to book your accommodation, please advise the following:

- (a) **I require accommodation for:** Wednesday, January 30
 Thursday, January 31
 Friday, February 1

roommate:

- (i) I would like to share accommodations with: _____
- (ii) I would like a single room and will pay ½ of the room cost to the hotel directly upon checkout.

(b) **smoking:** smoker non-smoker

PART III - Meals

HSA provides a per diem for meals not provided (\$15 for breakfast, \$15 for lunch, \$25 for dinner). Receipts are not required for meals.

PART IV - Expenses

Receipts are to be submitted to HSA upon completion of the workshop for travel and one 10- minute phone call home/night.

PART V - Travel

HSA will provide for the most economical route of travel. Please indicate an approximate cost:

Driving (50 ¢ /km) _____

Flight _____ Other _____

PART VI - Childcare

HSA provides for dependent care costs over and above normal costs paid by members on work days. Approximate cost:

PART VII - Statement explaining why you want to attend HSA's campaign school. Please indicate if you are considering running for elected office, either now or in the future.

Please submit to **Karin Herbert by Fax: (604) 419-5195 or toll free 1-800-663-6119 by Friday, January 25, 2008.**

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.