

REMEMBRANCE DAY TEACH-IN: NINETY YEARS AFTER "THE WAR TO END ALL WARS"

*Maritime Labour Centre, Vancouver, BC
November 8, 9 & 11, 2008*

- Application Form -

PART I- Identification (Please print clearly):

Name: _____ Job Title: _____

Facility (employer): _____

Union Position(s): _____

Home Address: _____

_____ (postal code) _____

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

Home E-mail Address: _____

Wage Rate: \$ _____ per hour Date of wage replacement: _____

PART II

(A) Registration

Please register me to attend on the following days:

Saturday, November 8 Sunday, November 9 Tuesday, November 11

(B) 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 directly to the hotel. In order for HSA to book your accommodation, please advise the following:

(1) Dates: I require accommodation for: Saturday, November 8 Sunday, November 9
 Monday, November 10 Tuesday, November 11

Please Read: HSA will cover room costs for the evening before the workshop and the evening of the final day of the workshop **only** if your travel arrangements require the additional night's stay. If you can arrive home by 10 pm on the last day of the workshop, you are not entitled to stay over an additional night. HSA reimburses family/friends providing accommodation to out-of-town members at a rate of \$30 per night to a maximum of \$ 90 for events other than Convention.

(2) **Roommate – I would like:**

(i) to share a room with: _____

(ii) to share a room and have no preference regarding a roommate.

(iii) a single room and will pay ½ the room cost to the hotel directly upon checkout.



(3) **Smoking:** smoker non-smoker

(4) **Gender:** male female

PART III - Meals

HSA provides a per diem for meals not provided (\$15 for breakfast, \$20 for lunch, \$30 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) _____ bus _____

air flights _____ other _____

PART VI – Dependent Care

HSA provides for dependent care costs over and above normal costs provided by members. Approximate cost:

PART VII –Emergency Contact Information

Name: _____ Phone Number(s): _____

PART VIII –Statement of Interest as to why you want to attend:

Please submit to **Karin Herbert** by **Fax: (604) 419-5195** or **toll free 1-800-663-6119**
ASAP and by Friday, October 17, 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.

