



2011 Basic Steward Training

October 24 - 26, 2011

PRE-REGISTRATION FORM – HSA will confirm your registration

Contact Information: (Please print clearly):

Name: _____ Job Title: _____

Facility (Employer): _____

Collective Agreement: HSP Nurses Health Services & Support
 CSS Separate New Certification (no Collective Agreement)

Position: Applicants must be acknowledged by their Chief Steward as either elected, or acting, in one of these positions. The Chief Steward must notify HSA of any change in role or position of HSA contacts.

Position: Chief Steward Assistant Steward General/Site Steward

Have you attended the Steward Training Level 1 Workshop before? No Yes, Year _____

Home Address _____

_____ (Postal Code) _____

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

E-mail Address: _____

Emergency Contact Information: (Required - please print clearly):

Name and relationship: _____ Phone Contact: _____

Schedule:
Daily Breakfast (coffee and muffins) - 8:30 am to 9:00 am
Monday & Tuesday workshop times - 9:00 am to 4:30 pm
Wednesday workshop time - 9:00 am to 4:00 pm

Accommodations:

Please complete this section **only** if you require hotel accommodation, and you live further than 50 km from the HSA office.

(a) I require accommodation for:

Sunday, Oct 23/11 Monday, Oct 24/11 Tuesday, Oct 25/11 Wednesday, Oct 26/11

Please Note: 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.

(b) **Roommate:**

- (i) I would like to room with: _____
- (ii) I have no preference regarding a roommate.
- (iii) I would like a single room and will pay the difference in the room rate.

(c) **Gender:** Male Female (d) **Smoking:** Smoker Non smoker

Meals:

Please indicate if you have **dietary restrictions, food allergies or special dietary requirements:**

HSA will be hosting a wine and cheese on the first day and a dinner on the second day of the workshop. All participants are encouraged to attend.

Other:

Please indicate whether there are any accommodations you require to assist you to be able to participate in this workshop, i.e. difficulties with vision, hearing, mobility, etc.

Goals and Expectations:

We try to adapt the workshop to stewards' needs or any special topics you would like to cover. Please describe below your goals and expectations for this workshop.

DEADLINE FOR REGISTRATION: October 3, 2011

EDUCATION FAX NO.: (604) 419-5195 (in Vancouver) or 1-800-663-6119 (Out-of-Town)

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.

