

# 2006 BC FEDERATION OF LABOUR WOMEN'S CONFERENCE

## - Application Form -

**"Making our Voices Heard"**

**May 1 – 3, 2006**

**Coast Victoria Harbourside Hotel & Marina  
146 Kingston Street, Victoria, BC**

**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: \_\_\_\_\_

### **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 \$47.50/night plus taxes) directly to the hotel. In order for HSA to book your accommodation, please advise the following:

- (a) I require accommodation for:  Sunday April 30  Monday May 1  
 Tuesday May 2  Wednesday May 3

**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.

(b) roommate:

(i) I would like to share accommodations with: \_\_\_\_\_

(iii) I would like a single room and will pay ½ of the room cost to the hotel directly upon checkout. Please send me a single room request form.

(c) 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 (46 ¢ /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:

\_\_\_\_\_

Statement of interest as to why you want to attend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit to **Cathy Magee** by Fax: **(604) 419-5195** or toll free **1-800-663-6119**  
**by Tuesday, April 18, 2006.**

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.