



2009 Supervisors in the Union

Tuesday, June 16 (Vancouver)
Thursday, June 18 (Victoria)

PRE-REGISTRATION FORM

Contact Information (Please print clearly):

Name: _____ Job Title: _____

Facility (Employer): _____

No. of FTE's you Supervise: _____ How long have you been a supervisor? _____

As space permits, stewards may attend along with supervisors from their facility.

Please indicate if you are a:

Member Chief Steward Assistant Steward General/Site Steward

Home Address _____

_____ (Postal Code) _____

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

E-mail Address (Home): _____

Schedule Coffee and muffins - 8:30 am to 9:00 am
Workshop times - 9:00 am to 4:30 pm

Accommodations

Please complete this section **only** if you require Hotel accommodation, and you live further than 50 km from the location of the workshop.

(a) I require accommodation for:

Vancouver

Thursday, June 11
 Friday, June 12

Victoria

Wednesday, June 17
 Thursday, June 18

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) Male Female
- (d) Smoker Non smoker

Meals

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

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'/members needs or any special topics you would like to cover. Please describe below your goals and expectations for this workshop, or any questions you would like addressed.

DEADLINE FOR REGISTRATION

May 28 (for Vancouver workshop on June 12)

June 4 (for Victoria workshop on June 18)

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.

