



**Community Social Services  
Prevention of Workplace Violence Workshop  
Coast Westerly Hotel, Courtenay, BC  
January 26, 2006 – 8:30 am to 4:30 pm**

**PRE-REGISTRATION FORM**

**Contact Information** (Please print clearly):

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Facility (Employer): \_\_\_\_\_

Position:  **OH&S Steward\***  Chief Steward  General/Site Steward  Assistant Steward  Member

**\*Note: If you are an OH&S Steward, please request funding (wages, travel and accommodation) from your employer. Others will be funded by HSA, after approval of your Registration, and based on space availability.**

Have you attended a Violence Prevention workshop before?  No  Yes If Yes, what year \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Local) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Schedule**

Registration (coffee and muffins)	8:30 a.m. to 9:00 a.m.
Lunch	will be provided
Workshop times	9:00 a.m. to 4:30 p.m.

**Accommodations**

**Notes:** Please note that HSA will only cover accommodation costs if you live further than 75 km from the Workshop location.

HSA will cover room costs for the evening of the workshop **only** if your travel arrangements necessitate it. If you can arrive home by 10 pm after 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.

Hotel accommodation is based on double occupancy to reduce costs.

Complete the following **only** if you require hotel accommodation.

(a) I require accommodation for the following night:

Wednesday, January 25, 2006

(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                       Militant 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 that will assist your participation in this workshop, i.e. visual, hearing, mobility, etc.

**Goals and Expectations**

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

**DEADLINE FOR REGISTRATION**

**Monday, January 16, 2006**

**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.*