



2006 Steward Training Level 1

- January 30, 31 and February 1, 2006
- February 13, 14, and 15, 2006
- February 27, 28, and March 1, 2006

PRE-REGISTRATION FORM

Contact Information (Please print clearly):

Name: _____ Job Title: _____

Facility (Employer): _____

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

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: _____

<u>Schedule</u>	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, Jan 29/06 Monday, Jan 30/06 Tuesday, Jan 31/06 Wednesday Feb 1/06
- Sunday, Feb 12/06 Monday, Feb 13/06 Tuesday, Feb 14/06 Wednesday Feb 15/06
- Sunday, Feb 26/06 Monday, Feb 27/06 Tuesday, Feb 28/06 Wednesday Mar 1/06

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 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:

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

- yes, I will attend dinner on the second day of the workshop

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

January 9, 2006 (for Jan 30, 31 & Feb 1, 2006)

January 23, 2006 (for Feb 13, 14, & 15, 2006)

February 6, 2006 (for Feb 27, 28 & March 1, 2006)

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

EDU 2 766
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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.

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