



2010 HSA OHS Conference Registration Form

This form (or online registration) must be received at the HSA Office by 5:00 p.m.

Friday, September 24, 2010 Fax: (604) 419-5195 or 1 (800) 663-6119

Note: HSA cannot guarantee hotel reservations for registrations received after September 24, 2010

Name: (Ms./Mr.): _____ Facility: _____

Home Address: _____ City: _____

Postal Code: _____ E-mail Address: _____

Contact Numbers: Home: _____ Work: _____ Local: _____

Position: OH&S Steward Chief Steward Regional Director
 OH&S Assistant Steward Member MAL

Collective Agreement:

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

Emergency Contact Name & Relationship: _____
Contact Number: _____

You are asked to avoid bringing any materials containing latex, or wearing strong-scented perfumes, lotions etc.

Please answer the following questions:

- Female Male Non-Smoker Smoker
- Have taken HSA Basic Safety Steward Training: Yes No
- Have attended at least six Joint OH&S Committee meetings: Yes No
- Are an HSA-appointed representative to provincial OH&S committees/initiatives? Yes No
If a "yes", please describe: _____
- Will you require **Accommodation** at the **Hilton Vancouver Airport Hotel**? Yes No

Please indicate the dates required: Sun, Oct 24 Mon, Oct 25 Tues, Oct 26

- I would like shared accommodations and would prefer to share a room with: _____
- I have no preference regarding a roommate.
- I would like a **single room** and will pay ½ of the room cost (approx. \$75.00 plus applicable tax) to the hotel directly upon checkout. Please send me a single room request form.

Please Note: HSA will cover room costs for the evening before the conference and the evening of the final day of the conference **only** if your travel arrangements require the additional night's stay. If you can arrive home by 10:00 p.m. on the last day of the conference, 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.

6. Please indicate / list all that apply to you:
1. Dietary Restrictions: _____
2. Physical Assistance: _____
3. Allergies: _____

Please do not make any travel arrangements until your application has been approved by HSA. For further information, please contact Marty Lovick or Pattie McCormack at 604.439.0994 / 1.800.663.2017.