

COURSES OFFERED: BASIC SHOP STEWARD
 HUMAN RIGHTS
 LOCAL ADMINISTRATION
 SOLIDARITY SKILLS LEVEL 2

Please complete the following: (one form per participant)

| | |
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| Name of Local: | |
| Name: | <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> They <input type="checkbox"/> Indigenous <input type="checkbox"/> Worker of Colour <input type="checkbox"/> LGBTQ <input type="checkbox"/> Differently Abled |
| Address: | Postal Code: |
| Phone #: | Email: |
| Work Schedule: (i.e. start and finish time and days off) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp | |
| <input type="checkbox"/> Urban <input type="checkbox"/> RSMC <input type="checkbox"/> PSBU | |
| Course applying for: | |
| 1 st Choice: | 2 nd Choice: |
| Emergency contact name: | Phone # |
| Accommodation and Transportation | |
| <p>Accommodation will only be provided to participants living beyond 40km from the education venue.</p> <p>Are you willing to share a room to reduce costs? <input type="checkbox"/> No <input type="checkbox"/> Yes with: _____</p> <p>All accommodations are guaranteed. It is the responsibility of the participant to notify the Regional Office of any cancellation 24 hours prior to accommodation has been reserved. Failure to inform the Regional Office will result in a "no show" room charge which will be submitted to the participant/Local for payment. The Hilton Vancouver Metrotown is a non-smoking facility.</p> | |
| <p>I will be travelling by: <input type="checkbox"/> Bus <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Air (special request): _____</p> <p align="center">Important: Please print name as appears on ID for airline ticket purposes:</p> <p align="center">_____</p> | |
| <p>* All flight cancellation costs will be billed to the participant/Local.</p> | |

All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.

Signature of Local President

Signature of Applicant