



PSAC ONTARIO

3rd TRIENNIAL CONVENTION

Renaissance Toronto Hotel – Airport
 801 Dixon Road, Toronto, Ontario
 April 29 – May 1, 2005

DELEGATE **OBSERVER** **GUEST REGISTRATION**

Mark the appropriate boxes : DEADLINE FOR REGISTRATION: March 15, 2005
 DEADLINE FOR DELEGATE ASSISTANCE: February 15, 2005

ARE YOU REQUESTING DELEGATE ASSISTANCE: YES NO

Name: (please print)			
Local/Branch # & Component:		PSAC ID#:	
Address:			
Address (Continued)			
Phone: Home #		Work #:	
Email Address: (Home)			
Email Address: (Work)			

CERTIFICATION/CREDENTIALS

To be completed by President/Chair:

Name: _____, I certify that the above-named has been chosen by our sending body.

 President/Chair

(please print and sign your name)

Representative of Sending Body (please indicate name of Committee i.e. Hamilton RWC):

- _____ Equity Seeking Committee
- _____ Regional Women's Committee
- _____ Area Council

Self-Identification will be used for PSAC Record Purposes Only: Woman Aboriginal
 Racially Visible Disabled Gay/Lesbian/Bisexual/Transgendered

Please check if Simultaneous Translation is required: (ie English/French & French/English)
 Oral Written

Please ensure that the \$50 registration fee is enclosed. Please make cheques payable to

P.S.A.C. ONTARIO

RETURN ONE COPY TO REVP-Ontario

Suite 608-90 Eglinton Ave. E., Toronto, Ontario M4P 2Y3