

ONTARIO REGIONAL Health & Safety Conferences Fall 2006

Application for Registration as a **Participant**

(In addition to the Local/Branch Delegate)

Acceptance is based on available space. A registration fee of \$40.00 **must accompany** the application. Cheques will be returned if the application is *not accepted*. Reimbursement of the accepted participant's expenses are the responsibility of the local/branch/sending body.

Name			
Position in Local/Health and Safety Committee			
Mailing Address			
PSAC ID		Local/Component	
Email Address Work			
Email Address Home			
Work Phone		Home Phone	
Mode of Transportation	Private Vehicle <input type="checkbox"/>		Public Transportation <input type="checkbox"/>

Please note: The Regional Office will only be making travel arrangements for Delegates to the Conference, not for members applying as participants

Thunder Bay September 23 rd	Sudbury October 21 st	Kingston October 14	Hamilton November 4	London December 2 nd	Toronto December 2 nd
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List any **Dietary Restrictions** (lunch will be provided at the Conference)

Please indicate any special needs or other accommodation requirements that you require in order to facilitate your participation in the conference:

Submitted by:

Signature

Date

As the responsible executive member of the sending body, I certify that the above is a member in good standing

Name of Executive member
(Please Print)

Signature of Executive member

Sending Body

(ie: please specify which Component and Local #, Equity Committee, Area Council)

Contact Information:

E-Mail

Work Phone

**Please make cheques payable to the
*Public Service Alliance of Canada***

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SELF IDENTIFICATION (OPTIONAL)

The PSAC is committed to ensure that all union education programs are accessible to all members. The information requested in this section will help us assure our success in reaching members who belong to a group identified in the PSAC Human Rights policy.

All information will be kept confidential.

YOUTH Are you between 18 – 30 years of age YES ___ NO ___

ABORIGINAL Are you a North American Aboriginal YES ___ NO ___

RACIALLY VISIBLE Are you by virtue of your race or colour
a Racially Visible person in Canada YES ___ NO ___

DISABILITIES Do you have any persistent or permanent
physical, mental psychiatric, learning or
sensory impairments, as recognized under
the Canadian Human Rights Act? YES ___ NO ___

SEXUAL ORIENTATION Are you gay or lesbian, bi-sexual or
transgendered? YES ___ NO ___



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