



# Member Event Registration Form

## Section A: Contact information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Union #: \_\_\_\_\_ Local: \_\_\_\_\_ Secure email: \_\_\_\_\_

## Section B: Time off (Please complete this portion if you require a letter sent to your employer)

Which dates?  Shift work from \_\_\_\_\_ hrs to \_\_\_\_\_ hrs  
 Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_  
 Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

Employer  BPS  CAAT-S  CAAT-A  OPS

Workplace: \_\_\_\_\_ Ministry: \_\_\_\_\_

Employer contact: \_\_\_\_\_ Employer job title: \_\_\_\_\_

Employer contact email: \_\_\_\_\_

## Section C: Childcare Request

Full name	Allergies, special care needed	Date of birth (mm/dd/yyyy)

## Section D: Hotel Room Booking

Do you require a hotel room:  Yes  No  
 If yes, please fill in and attach the Hotel Room Booking Form.

## Section E: Advance Request

Do you require an advance:  Yes  No  
 If yes, please fill in and attach the Advance Form.

## Section F: Human Rights Accommodation

Do you require an OPSEU approved human rights accommodation:  
 If yes, please fill in and attach the Human Rights Accommodation Request Form.  Yes  No

Please email this completed form to :

For OPSEU staff only: **Deadline date:**

Date received: \_\_\_\_\_ Processed by: \_\_\_\_\_