



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:
 If yes, please fill in and attach the Hotel Room Booking Form. Yes No

Section E: Advance Request

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

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: _____