

# LET Financial Officers

## **DATES**

February 8 - 9, 2018

## **TIMES**

February 8 (9:00am) - 9, 2018 (4:00pm)

## **LANGUAGE OF INSTRUCTION**

English

## **THIS EVENT IS HOSTED BY**

CUPE/SCFP

## **DESCRIPTION**

Once secretary-treasurers and trustees complete the Financial Essentials 1-day workshop, they will spend a second day learning about bookkeeping and auditing.

Treasurers will learn how to use the CUPE electronic ledger, manage the local union's funds and accounts, and prepare reports to the membership and the trustees.

Trustees will learn how to properly perform an audit of the local union's books, accounts, properties, and assets. At the end of this workshop, Trustees will be able to make recommendations to the local union to improve the local union's financial health.

## **LEARNING SERIES**

Local Executive Training (LET)

## **REGISTRATION DEADLINE**

Jan 25, 2018

## **LOCATION**

CUPE Cranbrook Area Office  
116 - 7th Avenue South  
Cranbrook, British Columbia

## **PRE-REQUISITES**

LET Financial Essentials

## **CANCELLATION POLICY**

Please note that this workshop may be cancelled due to low registration or other reasons.

Send your cancellation request in writing with your local number, address and telephone number by the registration deadline to [cdufresne@cupe.ca](mailto:cdufresne@cupe.ca)

## **SCENT-FREE POLICY**

In response to the health concerns of our members and staff, CUPE has implemented a Scent-Free Policy at all of our workshops. Scented products such as hair spray, perfume and deodorant can trigger reactions such as respiratory distress and headaches. Facilitators and participants are asked to refrain from using scented products while attending our workshops and meetings. Thank you for your cooperation.

## **CONTACT INFORMATION**

Carol (Cydne) Dufresne  
[cdufresne@cupe.ca](mailto:cdufresne@cupe.ca)

(250) 489-3615

## LET Financial Officers (February 8 - 9, 2018, Cranbrook)

First name:

Last name:

Email:  Personal  Work  Local Union

Phone number:  Work  Home  Cell  Local Union

Local number OR other CUPE affiliation (division, council, etc)

**Enter in an address to send correspondence to, or if left blank we will send to the local address.**

Address:

City:

Province:

Postal code:

Home  Work  Local Office

Send certificate by:  Email  Paper

I require accessibility support around:  Mobility  Visual  Audio  Other

Dietary requirements:

Vegetarian  Halal  Gluten Free  Vegan

Diabetic  Kosher  Lactose free

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Please send this registration form to:

Carol (Cydne) Dufresne

, British Columbia,