

CUPE BC

57th ANNUAL CONVENTION

GUEST CREDENTIAL

Full Name and Number of Organization: _____

Guest's Name: _____

Address: _____

**Please email Guest Credential to convention@cupe.bc.ca by
March 9, 2020.**

Signed: _____

Address: _____

Date: _____

**NOTE: PLEASE RETAIN A COPY FOR INDIVIDUAL
PRESENTATION BY GUEST TO THE CREDENTIALS
COMMITTEE WHEN REGISTERING AT THE
CONVENTION. REGISTRATION WILL BEGIN AT 1:00 PM,
WEDNESDAY, APRIL 22, 2020**