



Continuing Care Assistant Conference

SEIU-West Office Saskatoon

#200 – 747 46th Street W.

October 26, 2017

Please print neatly. Each registrant must complete a separate form.

Name _____
First Last

Address _____
Street

_____ City Prov. Postal Code

Cell Phone _____ **Home Phone** _____

Email _____

Unit/Facility _____

Special dietary or other needs _____

Are you currently active in the union as a steward or officer within your Unit?

Yes or No (circle one)

If so, in what position(s) and for how long?

Have you attended union conferences/events before?

Yes or No (circle one)

If so, which conferences/events did you attend?

Have you attended this particular conference before?

Yes or No (circle one)

Do you regularly attend your Unit union meetings and events?

Yes or No (circle one)

How do you think this conference/event will benefit you in your workplace or as an elected representative within your Unit?

EXPRESSION OF INTEREST & REGISTRATION FORM



THIS IS A SCENT FREE BUILDING. IN ORDER TO ALLOW EVERYONE TO FULLY PARTICIPATE, PLEASE LEAVE YOUR PERFUME, COLOGNE AND ALL SCENTED PRODUCTS AT HOME.



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Expression of Interest & Registration Form

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What do you personally hope to gain from this conference/event?

Additional comments:

I CONSENT TO RELEASE MY CONTACT INFORMATION TO OTHER ATTENDEES IN MY AREA IN ORDER TO ARRANGE CAR POOLING AND IN ORDER FOR SEIU-WEST TO MAKE HOTEL ARRANGEMENTS.

Signature _____

Out-of-town delegates	TRANSPORTATION:			
	Carpooling is mandatory. Mileage will be paid according to SEIU-West policies.			
	ACCOMMODATIONS:			
	Most hotel rooms are double rooms and room-sharing is recommended and may be required. Please specify if you prefer to share with a specific member. We will do our best to accommodate your request and you will be notified about your hotel room arrangements the week following the registration deadline of September 25, 2017 .			
<input type="checkbox"/>	I require a hotel room.	I am a	Sister <input type="checkbox"/>	Brother <input type="checkbox"/>
	I wish to room share with _____			
<input type="checkbox"/>	I will be staying with a friend or relative in lieu of hotel.			

Please send in your registration form **NO LATER THAN Monday, September 25, 2017** to the attention of Nursing Care Committee Chairperson **Deidre Wilson** with the subject line: **“CCA Conference 2017”** by one of the following methods:

- **Email:** tara.hessie@seiuwest.ca
- **Fax:** 306-773-7535
- **Mail:** 333 Central Avenue North, Swift Current, SK S9H 0L5

Date Submitted: _____



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