



CUPE *education*
where the *action* is!

PARKSVILLE 2011 WEEKLONG SCHOOL



REGISTRATION FORM

PARKSVILLE 2011 WEEKLONG SCHOOL – November 13-18, 2011

Registration Deadline: October 28, 2011

Registration fee per Delegate of **\$975.00** (double occupancy) or **\$1,475.00** (single occupancy) **must be mailed with this form** as well as any **additional funds** for spouse/partner or children.

There is **very limited single accommodation** available. Priority will be given on an equity/medical/family basis.

PLEASE **PRINT** CLEARLY

MUST INDICATE ↓

Delegate's Name	Town / City	Day Phone	E-Mail Address	1st Choice	2nd Choice

ALL DELEGATES MUST FILL IN THE PARTICIPANT QUESTIONNAIRE

Local Union No. _____ Contact Name _____ Daytime Phone # _____ Fax # _____

E-mail _____ Address _____ City _____ Amount Paid _____

Make cheques payable to "CUPE – Parksville School" and MAIL with Registration Form and Participant Questionnaire(s) to:

Ruth Scher, Education Representative
 CUPE BC Regional Office
 500 – 4940 Canada Way
 Burnaby, BC V5G 4T3
 Phone: 604-291-1940 / Fax: 604-291-6248

PARTICIPANT QUESTIONNAIRE

PLEASE ENSURE THAT EACH DELEGATE RECEIVES A COPY OF THIS QUESTIONNAIRE AND RETURNS IT TO:

Ruth Scher, Education Representative
CUPE BC Regional Office
500 – 4940 Canada Way, Burnaby, BC V5G 4T3
Fax: 604-291-6248

Please Provide Complete Contact Information:

Participant's Local # _____ First & Last Name: _____ Male Female

Home Address _____ Town/City _____ Postal Code _____

Phone: (H) _____ (W) _____ (C) _____ E-mail: _____

1st Workshop Choice: _____

2nd Workshop Choice (MUST INDICATE): _____

ACCOMMODATION: SHARED BASIS – TWO PEOPLE PER ROOM

Is there someone you have agreed to share a room with?

Yes No

If **YES**: I have agreed to share with: _____
(First & Last Name, Local #)

If **NO**: Please help us in selecting someone compatible for you by answering the following:

Do you smoke? Yes No Do you go to sleep early? Yes No

Do you like to socialize? Yes No Do you prefer a quiet setting? Yes No

ACCOMMODATION: SINGLE BASIS – ONE PERSON PER ROOM

There is very limited single accommodation available. Priority will be given for medical/equity/family needs. There is an additional charge of **\$500.00**.

Do you wish to request single accommodation? Yes No If yes, please provide reason:

Medical Equity Family Personal Choice

ACCOMPANYING SPOUSE/PARTNER/CHILD:

Accompanying Spouse/Partner: Participants bringing a spouse/partner, or child 14 years and older must pay for **single accommodation plus an additional \$300.00** meal supplement.

Name of Spouse/Partner or child 14 years and older: _____

Accompanying Child: Participants bringing a child 3 to 13 years of age must pay for **single accommodation plus an additional \$200.00** meal supplement. The charge for additional children is \$200.00 per child. Please indicate below if you require child care.

Name of Child/Children: _____ Age of Child/Children _____

TRANSPORTATION:

Will you need transportation from: Nanaimo Airport Duke Point Departure Bay

Arrival time: _____ Flight No: _____

Departure time: _____ Flight No: _____

****We will contact you once suitable arrangements for transportation have been confirmed.****

****NOTE: Transportation cost is not covered by the registration fee – participants must pay.**

CHILD CARE:

Will you require Child Care? Yes No

If **YES:** Please complete the attached **Child Care Form** and ensure you have requested and **paid for single** accommodation.

****NOTE: Cost of on-site Child Care will be invoiced back to the Local Union following the school.**

SPECIAL NEEDS:

Do you require a special diet? (e.g. vegetarian, diabetic, allergy) Yes No

If **YES:** Please provide details: _____

Do you have any other special needs? (e.g. mobility, visual, audio) Yes No

If **YES:** Please provide details: _____

SUNDAY EVENING:

Will you be there for dinner Sunday evening (6:00 pm – 7:00 pm)? Yes No

WHAT TO BRING AND SOCIAL:

The "CUPE BC Social Convenor" will plan various activities for after class, singsongs are always popular, so bring your musical instruments and songbooks. The hotel is on the waterfront so bring warm clothes and enjoy the outdoor setting.

*As your registration fees cannot be used toward social activities, **you will be asked to donate \$10.00** towards the expense of providing snacks, coffee and refreshments for after class social events.*



CHILD CARE FORM

Remember to include payment of \$200.00 for each child 3 to 13 years of age to cover room and board. Please ensure you have requested and paid for single accommodation.

Last name of Participant: _____ First Name: _____

Local No: _____ Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____ E-mail: _____

NAME(S) OF CHILDREN:

AGE

_____	_____
_____	_____
_____	_____
_____	_____

Special Requirements: _____

****PLEASE NOTE:** The cost of child care is the responsibility of the Local Union. The Local will be billed directly following the school.

First Aid Attendant Volunteer Form

If you are going to be attending our Weeklong School and hold a valid First Aid Certificate, we could use your help!

Would you be interested in volunteering to be part of our First Aid Committee? It would be a great benefit to our participants if there are First Aid Attendants easily accessible before, during and after workshops.

If you would like to help, please complete this form and return it to Ruth Scher, Education Representative, with your Registration Forms.

Thank you!

Name _____ Local _____

Workshop _____

Type of First Aid Certificate Held
