

HEALTH AND SAFETY CONFERENCE REGISTRATION FORM

REGISTRATION	2. Complete 3. Book you De	e this registration form an r accommodation if requi	d subr red. 601 S	onsorship of your registration nit to the CUPE Saskatchew padina Crescent E, Saskator /ww.deltahotels.com	an Division office; and	
AGENDA: April 21, 2016 8:30 a.m. Registration Speakers and Workshops 9:00 a.m.				10 p.m.		
	April 22, 2016 Workshops 9:00 a.m. – 2:00 p.m. *For updated agenda information, visit www.cupe.sk.ca					
RATES: EARLY	REGISTRAT	ION // Before March 21, 2	2016	LATE REGISTRATION //	After March 21, 2016	
AFFILIATE: \$125NON AFFILIATE: \$150				AFFILIATE: \$150NON AFFILIATE: \$175		
Name:			_	Email:		
Phone: (home)		(cell)	_	Local:		
Address:				Sector:		
City/town				Do you have food allergies:		
Postal code:				Please specify:		
				Do you require child ca	are: 🗆 Yes 🗆 No	
	hops in order of		•••	our first choice and three (3) be ent Investigations Preventi	•••	cplace
	REFUND	POLICY				
Up to March 21, 20	016	Full Refund		Make cheques payable to:	Cupe Saskatchewan Divisior	i
March 21 - April 4,	March 21 - April 4, 2016 Refund minus \$50 administration fee		Send payments to:	CUPE Saskatchewan Divisio 3725 E Eastgate Drive REGINA SK S4Z 1A5	ı	
After April 4, 2016		No refund				
3725 E Eastgate Dri	ve, Regina SK	S4Z 1A5 Tel: (306) 757 -	1009	Fax: (306) 757 - 0102	www.cupe.sk.ca	al cope 342