

1.800.667.5221

(f) 352.1969

REGISTRATION

CONFERENCE APPLICATION FORM

CLOSING DATE FOR APPLICATIONS IS JULY 31, 2018

www.sgeu.org HUMAN RIGHTS/EQUITY AND 1011 Devonshire Drive North, FOSTERING ACCEPTANCE OF INDIGENOUS RIGHTS (FAIR) Regina, SK S4X 2X4 PROUD FACES OF DIVERSITY – PROVIDING CULTURAL ADVOCACY

September 13/14, 2018 Heritage Inn, Saskatoon

Suite 201,			
1114-22nd Street West, Saskatoon, SK S7M 0S5 (p) 652.1811 1.800.667.9791 (f) 664.7134	Delegate Name:		
	Employer:		
	Sector/Bargaining Unit:		
33-11th Street West, Prince Albert, SK S6V 3A8 (p) 764.5201 1.800.667.9355 (f) 763.4763	Home Address:		
	City/Town:		Postal Code:
	Phone (Bus):	(Res):	(Cell):
	Home Email:		
	Are you a member of one of	of the SGEU identified e	quity seeking groups? Yes 🗌 No [

Have you attended the conference before? Yes
No
If so, how many times? _____

REGISTRATION will be from 8:00 am to 8:30 am on Thursday, September 13 and the conference will adjourn by 5:00 pm on Friday, September 14.

UNION LEAVE No Union Leave Required Indicate Union Leave Required Below:

Date	Hours/Days	Start/End Times	Total Hours/Day

TRAVEL

Prepared to drive and have a vehicle that will carry three (3) passengers
 Prefer to be a passenger

ACCOMMODATION

I request to share a room with _____

I request a single room

(half the costs of the room, plus taxes, will be deducted from your conference expenses) Accommodation not required

Single room exemption (medical)

The SGEU policy for accommodations states that members on union business must share rooms. Unless specified, room sharing will be assigned on your behalf.



PERSONAL ASSISTANCE

If you require any special assistance please indicate below. Conference organizers will endeavor to make appropriate arrangements:

Deaf/hearing impaired. Please specify interpretation required:

□ Blind/visually impaired. Please specify required assistance:

	Wheelchair	□ Walker		Crutches
Please specify required assistance:				
Are there any special needs to be accommodated for any conference activities? Please specify: Are there any special needs to be accommodated for any conference activities? Hotel accommodation				
	Other:			
Are there any special dietary requirements? Please specify:				

EMERGENCY CONTACT

In an effort to prepare for any unforeseen situation, those attending the conference may provide SGEU with a contact name and contact number in the event of an emergency. All information will be kept strictly confidential:

Person To Contact	Contact Number	Alternate Contact Number



RELEASE OF PERSONAL INFORMATION

☐ I agree to have my address, phone numbers and personal email (where applicable) shared with other delegates.

Delegate's Signature:

(If no signature, you will not be eligible to be a driver)

Please complete the form in full and return to Janice Fennig by mail, email or fax no later than July 31, 2018:

Suite 201, 1114 – 22nd Street West Saskatoon, SK S7M 0S5 Phone: 306.653.9389 Fax: 306.664.7134 Email: jfennig@sgeu.org

Should you be selected to attend the conference, your union leave, room share list and travel arrangements will be emailed to you after the registration deadline.

See page 4 for Workshop Selection.



The workshops that will be offered are as follows. One workshop will be assigned to each participant based on preference and availability. **Please indicate your workshop preferences, in order of priority:**

1 st Choice	2 nd Choice
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- A. Accommodations Rhonda Ross/Mary Ann Harrison
- B. Mental Health Brenda Beaudry

Please indicate your workshop preferences, in order of priority:

1 st Choice	2 nd Choice

A. Domestic Violence and the Workplace – Wendy Daku

B. How Can We Better Assist Our Diversity Members? – Aman Khan