

# **Delegate Registration**

#### **Registration fee: \$275.00 Deadline for registration: Friday, March 1, 2013**

First name:	Last name:			
Union/Organization:		Local:		
Union Position:	Email:			
<b>Mailing address:</b> (Please provide you including postal code.)	ur complete mailin	g/voting address,		
City	Province	Postal Code		
Telephone: () Area Code Work/Work TTY	() Area Code	Home/Home TTY		
Cellular Phone: () Area Code	-			
I am: a delegate $\Box$ an observer	□ a facilitator			

The information requested below will assist the Conference Steering Committee in assessing the representative diversity of the conference. All information will be kept confidential. Completion of this section is optional.

1.	I am an indigenous (Aboriginal) person of North America.				
2.	I am, by virtue of my race or colour, a worker of colour.				
3.	I am a person with a disability.				
4.	I am: male $\Box$ female $\Box$				
5.	I am: lesbian $\Box$ gay $\Box$ bisexual $\Box$ transgendered				
6.	Young worker (30 years old and under) $\Box$				

## Workshop Selection and Type of Accessible Services

Your langu	age c	hoice for	r you	ır workshop:	
English		French		Bilingual (with simultaneous translation)	
Do you req	uire o	conferen	ce m	aterial in an alternate format?	
Yes 🗆	No				
lf yes, plea	se sp	ecify the	typ	e of alternate format:	
CD/USE	8 key				
Braille					
Large pr	int (1	б pt) 🛛			
Larger p	rint s	ize 🗆	Po	int size required:	
Other:					
Do you req	uire:				
Sign lan	guage	interpre	tatio	n? ASL $\Box$ QSL $\Box$	
Real-tim	e cap	tioning?			
Other? (	please	e specify)			

# On-site\* Child Care Registration

### Deadline Friday, February 22, 2013

Register early to ensure a space at the Conference. It is especially important that we know what the child care requirements are, so we can work with the providers to ensure the best child care possible.

If we do not hear from you by the deadline date, we will be unable to provide child care.

#### Name:

#### Union / Organization:

Name of Child	Age of Child	Does your child have any special requirements or allergies?
1.		
2.		
3.		

If your child has requirements or allergies, please specify below:

\* Child care services are only available on the opening night of the Conference and during the day until adjournment of the workshop/plenary.

### Access and Services for Persons with Disabilities

### Deadline Friday, February 22, 2013

If we do not hear from you by the deadline date, we will be unable to accommodate your special needs.

We want to ensure that all delegates can participate fully in the Conference and that all your needs are met. Please *check off* the information below:

	At the Hotel	At the Workshop
Check-in assistance		
Wheelchair		
Guide dog requirements		
Will you have an attendant with you?		
Will your attendant share your room?		
Do you require assistance in the event of an		
emergency?		

# Do you require accessible transportation from the airport, the bus station or the train station?

Yes 🗆 No 🗆

If yes, please provide the following information:

	Arrival	Departure
Date :		
Time :		
Bus/Flight/Train Number :		
Company :		

# Types of Accessible Services

### **Special Needs**

If you have any specific requests, please describe them below. For example, dialysis treatment, chemical/environmental sensitivities, etc.

To ensure everyone's safety, please list any food allergies, and specific dietary needs. For example: diabetic, vegetarian, etc.

Please provide details on services you require that have not been covered: