

REGISTRATION FORM

2007 SOCIAL SERVICES CONFERENCE

- March 1st to March 4th, 2007 -

Name	Local	Home Address	Phone (res)	Phone (bus)	Email

Number of members in the local _____

If a composite/municipal local - #of social service worker _____

Please indicate number of delegates who require ASL interpretation: _____

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FEE TO:

CUPE ONTARIO REGIONAL OFFICE - SOCIAL SERVICE CONFERENCE (2007)

ATTENTION: MARGARET LEWIS

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