

CUPE Ontario 2008

Spring School Registration

February 26 to March 2, 2008, SHERATON CENTRE, Toronto

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| 1. Learning How to Win (5 days) | 11. Financial Officers |
| 2. Occupational Health & Safety Level 1- 30 hrs | 12. Labour Law – Discipline & Discharge |
| 3. Occupational Health & Safety Level II Committees - 30 hrs | 13. Introduction to Pensions |
| 4. Effective & Advanced Stewarding – 30 hrs | 14. Pensions (OMERS) |
| 5. WSIB Level I (OFL) - 16 hrs | 15. Conflict Resolutions |
| 6. WSIB Level II (OFL) - 16 hrs | 16. Creating Racial Justice |
| 7. Effective Stewarding | 17. Evaluating Benefit Plans |
| 8. Advanced Stewarding | 18. Pride in CUPE |
| 9. Preparing for Bargaining | 19. Stress in the Workplace |
| 10. Bargaining Skills | |

*(indicate choice by Course #)

NAME IN FULL (please print)	CONTACT NUMBERS	1 ST	2 ND	3 RD
		phone:		
	e-mail:			
	phone:			
	e-mail:			
	phone:			
	e-mail:			
	phone:			
	e-mail:			
	phone:			
	e-mail:			

Please note that confirmation of courses is not provided. Please feel free to call.

REGISTRATION FEES (Affiliates*):

Course No. 1	\$205 x	_____	\$ _____
Course Nos 2-4	\$155 x	_____	\$ _____
Course Nos 5-6	\$135 x	_____	\$ _____
Course Nos 7-18	\$ 80 x	_____	\$ _____
LATE FEE (after FEB 8 th)	\$ 30 x	_____	\$ _____
	TOTAL		\$ _____

*Add \$95 surcharge per registrant for non-affiliates

NOTE: Cheque MUST accompany registration form to secure placement

- Registration cut-off is FEBRUARY 8. Late registrations will only be accepted if space is available.
- Class sizes are limited and registration is on a first-come, first-served basis.
- No refunds after February 8th, except in the case of illness.
- The surcharge of \$95 for non-affiliates can be applied to the first per capita payment if a local joins the Ontario Division within three months.

Make cheque payable to: **CUPE ONTARIO, Education Seminar**
 Forward Registration to: **305 Milner Ave., Ste 801, Scarborough, ON M1B 3V4**
Phone: (416) 299-9739 Fax: (416) 299-3480

Local No. _____

Name: _____ EMAIL: _____

Address: _____

Postal Code _____

signed (Secretary) _____ Phone No. _____ cope 343