



Occupational Conference 2009 Participant Credential Form

Deadline: July 10, 2009 by 5:00 p.m. **Date sent:** _____

Mail to: HEU Provincial Office
Attention: LISA MAYO
5000 North Fraser Way
Burnaby B.C. V5J 5M3

Or **Fax to:** 604 739-1510

Or **Email:** lmayo@heu.org

Sister Brother

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____ **Postal Code** _____

Home Phone: _____ **Cell/Pager:** _____

Work Phone (include ext. #): _____ **Email:** _____

Emergency Contact (Name & Phone): _____

Conference attending: please check one:

Support Services – Sept. 9 & 10 Maintenance & Trades – Sept. 15 & 16

Clerical – Sept. 17 & 18 Patient Care Technical – Sept. 22 & 23

Patient Care – Sept. 24 & 25

Date Elected/Selected: _____

Local Name _____ **Facility/Work Site:** _____

_____, 2009
Signature of Chairperson or Secretary-Treasurer Date

- Please ensure you have submitted the appropriate number of credentials for your local entitlement in this occupational grouping.
- Please keep a copy for your local records & provide a copy to the conference participant.

Hotel Accommodation Form – Occupational Conference 2009

Accommodations required? Yes No

Conference Dates: _____

Sister Brother

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code _____

Home Phone: _____ Cell/Pager: _____

Work Phone (include ext. #): _____ Email: _____

Female Male Smoker Non-smoker Doesn't matter

I prefer to share a room with _____

I require a single room accommodation & I confirm that I will be responsible for half of the full price of the room. _____

Signature required

I have special medical needs that the hotel & conference centre should be aware of:

Note: This accommodation form must be received in HEU's Provincial Office, **no later than 5:00 p.m. on July 10, 2009.**

Please do not contact the hotel directly regarding accommodation, contact Lisa Mayo, HEU education department, at 604-456-7015 or email <lmayo@heu.org>.

Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party.

