

**HEU Table Officers Training April 15<sup>th</sup>, 2010**  
**For Chairpersons & Secretary Treasurers (newly elected for the first time)**

**REGISTRATION DEADLINE**  
**MARCH 26<sup>th</sup>, 2010**



- Sister  
 Brother

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Chairperson**     **Secretary Treasurer**    \*\*\* **Date Elected to the position:** \_\_\_\_\_

**Local Name** \_\_\_\_\_

**Facility/Work Site:** \_\_\_\_\_ **Health Authority:** \_\_\_\_\_

**OR**

- Aramark (Region) \_\_\_\_\_  
 Compass (Region) \_\_\_\_\_  
 Sodexo (Region) \_\_\_\_\_  
 Other \_\_\_\_\_ (Region) \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Pager:** \_\_\_\_\_

**Work Phone (include ext#):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you recently moved?**     Yes     No    **If yes, when?** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt/Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Emergency contact (Name & Phone):** \_\_\_\_\_

**Accommodations required?**    Yes        No   

Mail to: 5000 North Fraser Way, Burnaby B.C. V5J 5M3  
Fax 604 739-1510 or e-mail [rchand@heu.org](mailto:rchand@heu.org) Phone: (604) 456-7059

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

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