

ONTARIO COUNCIL OF HOSPITAL UNIONS/CUPE

EMERGENCY LOCAL LEADERS CONFERENCE

TORONTO, ON
HOTEL INFORMATION TO FOLLOW

10am- 4pm, March 31st 2004

This registration form shall serve as notice that:

Local Union # _____ has elected the following member(s) to attend and represent them at the Ontario Council of Hospital Unions Emergency Local Leaders Conference.

Delegate's name:

1. _____
2. _____
3. _____
4. _____

Submitted by Local Union #: _____

President: _____

Signature:

Phone #: _____

-----NO REGISTRATION FEE REQUIRED-----

Please return this registration form to OCHU at our new address:

OCHU/CUPE

205 Richmond St. West, Suite 502 5th Floor

Toronto, ON

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