

NARAMATA

2010

WEEKLONG SCHOOL



REGISTRATION

FORMS

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COPE-491



REGISTRATION FORM

NARAMATA 2010 WEEKLONG SCHOOL

Registration Deadline: April 9, 2010

Registration fee per delegate of **\$700.00** (double occupancy) or **\$950.00** (single occupancy) must be mailed with this form as well as any additional funds for spouse or children.

There is **very limited single accommodation** available. Priority will be given to delegates with special needs or who are bringing a spouse and/or children, then on a "first come – first served" basis.

PLEASE **PRINT** CLEARLY

Delegate's Name	Town / City	Day Phone	E-Mail Address	1st Choice	2nd Choice

ALL DELEGATES MUST FILL IN THE PARTICIPANT QUESTIONNAIRE.

Local Union No. _____ Contact Name _____ Daytime Phone # _____ Fax # _____

Address _____ City _____ Postal Code _____ E-mail _____

Make cheques payable to "CUPE – Naramata School" and MAIL with Registration Form and Participant Questionnaire(s) to:

Connie Credico, Education Representative
 CUPE BC Regional Office
 500 – 4940 Canada Way
 Burnaby, BC V5G 4T3
 Phone: 604-291-1940 / Fax: 604-291-6248

PARTICIPANT QUESTIONNAIRE

PLEASE ENSURE THAT EACH DELEGATE RECEIVES A COPY OF THIS QUESTIONNAIRE AND RETURNS IT TO:

Connie Credico
Education Representative
CUPE BC Regional Office
500 – 4940 Canada Way, Burnaby, BC V5G 4T3
Fax: 604-291-6248

Please Provide Complete Contact Information:

Participant's Local # _____ First & Last Name: _____ Male Female

Home Address _____ Town/City _____ Postal Code _____

Phone: (H) _____ (W) _____ E-mail: _____

Workshop Name: _____

ACCOMMODATION: SHARED BASIS – TWO PEOPLE PER ROOM

Is there someone you have agreed to share a room with? Yes No

If **YES**: I have agreed to share with: _____
(First & Last Name, Local #)

If **NO**: Please help us in selecting someone compatible for you by answering the following:

Do you smoke? Yes No Do you go to sleep early? Yes No

Do you like to socialize? Yes No Do you prefer a quiet setting? Yes No

ACCOMMODATION: SINGLE BASIS – ONE PERSON PER ROOM

There is very limited single accommodation available. Priority will be given for equity/medical/family needs. There is an additional charge of **\$250.00**.

Do you wish to request single accommodation? Yes No If yes, please provide reason:

Equity Medical Family Personal Choice

ACCOMPANYING SPOUSE/PARTNER/CHILD:

Accompanying Spouse/Partner: There is an additional charge of **\$450.00**.

Name of Spouse/Partner: _____

Accompanying Child (under 14 years): There is an additional charge of **\$200.00 per child**.

Name of Child/Children: _____

Please indicate on page 3 if you require childcare.

TRANSPORTATION:

Will you require transportation?

Yes No

IF YES, PLEASE FILL IN ALL INFORMATION

ARRIVAL TO NARAMATA

Will you need transportation from:

- Kelowna Airport Date: _____ Arrival Time: _____ Flight No: _____
- Penticton Airport Date: _____ Arrival Time: _____ Flight No: _____
- Penticton Bus Depot Date: _____ Arrival Time: _____
- Other Date: _____ Arrival Time: _____ Details: _____

DEPARTURE FROM NARAMATA

Will you need transportation to:

- Kelowna Airport Date: _____ Departure Time: _____ Flight No: _____
- Penticton Airport Date: _____ Departure Time: _____ Flight No: _____
- Penticton Bus Depot Date: _____ Departure Time: _____
- Other Date: _____ Departure Time: _____ Details: _____

****NOTE:** There is a fare for the shuttle service of a maximum of **\$35.00** per person from the Penticton Airport or the Bus Depot or a maximum of **\$70.00** from the Kelowna Airport. Fare rate will depend on ridership.

Cost of shuttle should be paid by the Local Union.

CHILD CARE:

Will you require Child Care?

Yes No

If **YES**: Please complete the attached **Child Care Form** and ensure you have requested **single** accommodation.

****NOTE: Cost of Child Care is to be paid by the Local Union**

****NOTE: Any request for Child Care received after April 9th may not be able to be accommodated**

SPECIAL NEEDS:

Do you require a special diet? (e.g. vegetarian, allergy)

Yes No

If **YES**: Please provide details: _____

Do you have any other special needs? (e.g. mobility, visual, audio)

Yes No

If **YES**: Please provide details: _____

SUNDAY EVENING:

Will you be there for dinner Sunday evening (5:30 pm – 6:30 pm)?

Yes No

SOCIAL:

The "Social Convenors" will plan various activities for after class, singsongs are always popular, so bring your musical instruments. The centre is on the waterfront so bring warm clothes and enjoy the outdoor setting.

As your registration fees cannot be used toward social activities, you will be asked to donate \$10.00 towards the expense of providing snacks, coffee and refreshments for after class social events.



CHILD CARE FORM

Please include payment of \$200.00 per child, to cover room and board, and ensure you have requested single accommodation.

Last name of Participant: _____ First Name: _____

Local No: _____ Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ E-mail: _____

NAME(S) OF CHILDREN:

AGE

_____	_____
_____	_____
_____	_____
_____	_____

Special Requirements: _____

****PLEASE NOTE: The cost of childcare is the responsibility of the Local Union. The Local will be billed directly following the school.**

First Aid Attendant Volunteer Form

If you are going to be attending our Weeklong School and hold a valid First Aid Certificate, we could use your help!

Would you be interested in volunteering to be part of our First Aid Committee? It would be a great benefit to our participants if there are First Aid Attendants easily accessible before, during and after workshops.

If you would like to help, please complete this form and return it to Connie Credico, Education Representative with your Registration Forms.

Thank you!

Name _____

Workshop _____

Type of First Aid Certificate Held
