

WORKSHOP REQUEST FORM

CONTACT PERSON INFORMATION			
Full Name:			
Email:		Telephone:	
CUPE Office:		CUPE Local:	
National Rep Name:			

REQUESTED WORKSHOP			
Workshop Name(s):			
Date(s):			
Time(s):	<input type="checkbox"/>	Full day (9:00 AM – 4:00 PM)	
	<input type="checkbox"/>	Half day (9:00 AM – 12:00 PM)	
	<input type="checkbox"/>	Half day (1:00 PM – 4:00 PM)	
	<input type="checkbox"/>	Other (please specify): _____	
Will this workshop be open to other locals?	<input type="checkbox"/>	Open	<input type="checkbox"/> Closed
Expected Number Participants:			
Workshop Delivery Method:	<input type="checkbox"/>	In-Person	<input type="checkbox"/> Virtual

Venue Address:	
Address for materials to be sent:	
Costs Involved: <i>(how much and what does it include)</i>	

FACILITATOR <i>(Fields below to be completed by your <u>CUPE National Representative</u> requesting a workshop(s) on behalf of a local.)</i>			
Are you facilitating or do we need to find a facilitator?	<input type="checkbox"/>	Yes, I'm facilitating	
	<input type="checkbox"/>	No, please find a facilitator	
If you are facilitating, do you need additional co-facilitators?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If you have your own co-facilitator arranged, please let us know whom.			

NOTES

Please send completed form to bceducation@cupe.ca