

**Second Call**



Ontario School Board Co-ordinating Committee • Comité de Coordination des Conseils Scolaires de l'Ontario

## ANNUAL CONFERENCE – 2013

### Stand up! Stay Strong!

TUESDAY JANUARY 29TH, 2013-

TO

SATURDAY FEBRUARY 2ND, 2013

**THE ABOVE NOTED CONFERENCE WILL BE HELD AT:**

SHERATON PARKWAY

Toronto North

Richmond Hill, ONTARIO

All hotel reservations are to be made through W.E. Travel,  
1-888-676-7747 (toll free) BY JANUARY 7th, 2013

Special Needs:

If you require any special accommodation needs, please inform W.E. Travel of your request when booking your room(s).

<b>Sheraton Hotel</b> 600 Highway 7 East · Richmond Hill, Ontario L4B 1B2	<b>Best Western Hotel</b> 600 Highway 7 East, Richmond Hill, Ontario, L4B 1B2
<b>\$139.00</b>	<b>\$99.00</b>

REGISTRATION FEE:	AFFILIATES	\$215.00	x	_____	\$	_____
	NON-AFFILIATES	\$375.00	x	_____	\$	_____
	LATE FEE (after Jan. 7th)	\$50.00	x	_____	\$	_____
	TOTAL				\$	_____

**DEADLINE FOR REGISTRATION IS JANUARY 7th, 2013**

IMPORTANT: If you require onsite childcare or small local subsidy or have any accessibility requirements, such as ASL, complete the attached forms or visit

[www.cupe.on.ca](http://www.cupe.on.ca)



*This is a scent-free conference*

**PLEASE  
NO EGGS / NO SCENTS / NO LATEX  
BEYOND THIS POINT**



Hives, Eczema, Itchy-Watery Eyes,  
Nausea, Abdominal Pain, Diarrhea

**SEVERE REACTION CALLED ANAPHYLAXIS  
REQUIRES  
IMMEDIATE MEDICAL CARE.**

Wheezing, Coughing, Runny Nose,  
Swollen Lips, Tongue or Face

*Of the 4000 chemicals used to  
make fragrances, several hundred  
can be used to make ONE scented  
product.*

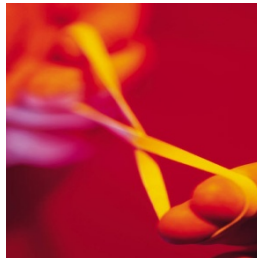


*More than 80% of the chemical  
ingredients in these products  
have never been tested to see if  
they are poisonous to humans.*

Individuals with **Multiple Chemical Sensitivities (MCS)** can experience: Headaches, Dizziness and  
Nausea

**SCENTED PRODUCTS CAN MAKE ASTHMA, ALLERGIES AND HAY FEVER WORSE  
AND CAN TRIGGER MIGRAINES.**

*Latex is a milky fluid that comes  
from the tropical rubber tree.  
Hundreds of everyday products  
contain latex.*



*Some common products containing  
latex are: Balloons, Condoms,  
Gloves, Pacifiers, Rubber Bands,  
**Shoe Soles***

*Repeated exposure to a protein in natural latex can make you more likely to develop a latex  
allergy.*

*If your immune system detects the protein, a reaction can start in minutes.*

**EXPOSURE TO LATEX PRODUCTS CAN CAUSE RASHES, ASTHMA AND  
IN RARE CASES SHOCK.**



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**Please be considerate to those who suffer from severe  
allergic reactions caused by EGGS AND EGG PRODUCTS,  
SCENTS (perfumes, aftershave, scented hand lotion,  
fragranced hair products) and LATEX PRODUCTS.**

## Sheraton Parkway Toronto North & Best Western Parkway Hotel Directions



**Sheraton Parkway Toronto North**  
**600 Highway 7 East ·**  
**Richmond Hill, Ontario L4B 1B2 Canada**  
**Phone: (905) 881-2121**  
**Toll-Free: 1-800-668-0101**

&

**Best Western Parkway Hotel**  
**600 Highway 7 East,**  
**Richmond Hill, Ontario, L4B 1B2**  
**Canada**  
**Phone: (905) 881-2600**  
**Fax: (905) 881-7841**

### *DIRECTIONS TO THE BEST WESTERN PARKWAY – HOTEL*

**From North:** Take Highway 400 South to Highway 7, and go east on Highway 7 for 18 kilometers. The hotel will be on the left hand side of the road.

**From South:** Take Don Valley Parkway North (which turns into Highway 404). Exit at Highway 7, and go west 1 block (2 street lights). The hotel will be on the right hand side of the road, just past the "ESSO" gas station. Or, take QEW to 401 and follow directions from the West.

**From East:** Take Highway 401 to Highway 404 North (look for the Don Valley Parkway sign) Go north to Highway 7, exit, turn left, and head west on Highway 7. The hotel is on right hand side 2 street lights ahead.

**From West (From the Airport):** Take Highway 401 East to Highway 404 North, exit and turn left at Highway 7. The hotel will be on the right hand side of the road.

### *DIRECTIONS TO THE SHERATON PARKWAY – TORONTO NORTH*

#### **General Directions to the Hotel**

##### **From East**

Take Highway 401 West to Highway 404 North (look for the Don Valley Parkway sign). Proceed north on Highway 404 and exit onto Highway 7. At the lights turn left and head west on Highway 7. The hotel is 2 lights down and on the right side.

##### **From North**

Take Highway 400 South to Highway 7. Proceed east on Highway 7 for 10 miles until you reach Leslie Street and the hotel will be on the left side of the road.

##### **From South**

Take Don Valley Parkway North (which will turn into Highway 404) and exit onto Highway 7. Continue west for 1 block. The hotel will be on the right hand side of the road, just past the ESSO station.

##### **From Toronto Pearson International Airport**

Take Highway 427 North to the Highway 407 Toll Road East. Exit onto Leslie Street and turn left. The hotel will be on the right, 2 blocks ahead

# OSBCC CONFERENCE

## **AGENDA 2013**

### Tuesday, January 29

4:00 pm – 7:00 pm	<ul style="list-style-type: none"><li>• Registration</li></ul>
Evening – 7:00 pm	<ul style="list-style-type: none"><li>• Opening Session</li></ul>

### Wednesday, January 30

8:00 am – 9:00 am	<ul style="list-style-type: none"><li>• Registration</li></ul>
Morning – 9:00 am	<ul style="list-style-type: none"><li>• Classification Mini-conferences</li></ul>
Afternoon – 1:30 pm	<ul style="list-style-type: none"><li>• Classification Mini-conferences continued</li></ul>

### Thursday, January 31

Morning – 9:00 am	<ul style="list-style-type: none"><li>• 2012 Bargaining Update, Review and Evaluation</li></ul>
Afternoon – 1:30 pm	<ul style="list-style-type: none"><li>• Area Meetings and Campaigns Update</li></ul>

### Friday, February 1

Morning – 9:00 am	<ul style="list-style-type: none"><li>• Workshops – Specifics and registration information will be determined closer to the date of the conference to allow for programs that support our bargaining situation. Your patience is appreciated by the OSBCC Committee.</li></ul>
Afternoon – 1:30 pm	<ul style="list-style-type: none"><li>• Business Session</li></ul>
Evening – 8:00 pm	<ul style="list-style-type: none"><li>• Social Event</li></ul>

### Saturday, February 2

Morning – 9:00 am	<ul style="list-style-type: none"><li>• Panel Discussion and Business Session continued</li></ul>
1:00pm	<ul style="list-style-type: none"><li>• Adjournment</li></ul>



**OSBCC CONFERENCE – Registration Form  
January 29- February 2, 2013  
Sheraton Parkway – Richmond Hill, ON**

NAME IN FULL (please print)	ADDRESS	CONTACT NUMBERS	Please add me to CUPE Ontario's email list
		phone: e-mail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		phone: e-mail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		phone: e-mail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		phone: e-mail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		phone: e-mail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		phone : email :	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>REGISTRATION FEE:</b>	AFFILIATES	\$215.00 x _____	\$ _____
	NON-AFFILIATES	\$375.00 x _____	\$ _____
	LATE FEE (after Jan. 7th)	\$50.00 x _____	\$ _____
	<b>TOTAL</b>		<b>\$ _____</b>

**\*\*\*\*\*Please see reverse to indicate the number of delegates in each Occupational Group. Participants must register for a mini-conference of their choice.**

Please make cheque payable to "CUPE ONTARIO" and forward with Registration Form to:

**OSBCC CONFERENCE**  
**CUPE Regional, 80 Commerce Valley Drive East**  
**Markham, Ontario L3T 0B2**  
 Phone: 905-739-3999 Fax: 905-739-4001

*(Please print clearly)*

SECRETARY:		LOCAL NO. _____
ADDRESS:		
PHONE NO.	SIGNATURE:	
EMAIL:		

# OCCUPATIONAL GROUP MINI CONFERENCES

Name	ECE	LIBRARY	PROFESSIONAL & PARAPROFESSIONALS	OFFICE/CLERICAL	MAINTENANCE & TRADES	I.T. TECHNICIANS	INSTRUCTORS	EDUCATIONAL ASSISTANTS	CUSTODIAL

LOCAL \_\_\_\_\_



**OSBCC CONFERENCE  
ACCESS REQUEST FORM**

(Please fill out this form for each delegate)

**Local No.** \_\_\_\_\_

(Please print or type)

**Name of Delegate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Postal Code*

**Telephone: (home)** \_\_\_\_\_

**(office)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please check service(s) required** (All services will be provided by CUPE Ontario):

**Guide/Personal Assistance**

I will provide my own

One is required

ASL Interpretation

Wheelchair / scooter access

Assistance at check in/Registration

Assistance in case of evacuation

Other: \_\_\_\_\_

**Alternative Communication**

French Translation

Real Time Captioning

**I need materials electronically in advance  
(in order to accommodate a disability)**

**Serious allergy alert** (Please specify)

\_\_\_\_\_

**Will you require any other accommodations at the event? (Please specify)**

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**Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.) (Please specify)**

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**Other services? (Please specify)**

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Please complete and return by **JANUARY 7<sup>TH</sup>, 2013** to:

**CUPE Ontario Access Request  
80 Commerce Valley Drive East  
Markham, Ontario L3T 0B2  
(905) 739-3999 or FAX: (905) 739-4001**





# CUPE ONTARIO

## On-Site Child Care Registration

Any delegate intending to bring their child(ren) to a conference, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES

<b>CHILD'S NAME</b>	<b>Age</b>	<b>Medical Problems, Allergies or Special Care</b>

### CONSENT

I, \_\_\_\_\_ (parent/guardian) hereby give permission for my child registered above to participate in various recreational and leisure activities offered by the trained staff of the On-Site Child Care during the period of the above-named conference.

### RELEASE OF RESPONSIBILITY

I, \_\_\_\_\_ (parent/guardian) hereby release CUPE Ontario from any and all claims for damages to the safety or health of my child registered above, howsoever caused, while participating in any activities of the On-Site Child Care during the period of the above-named conference.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Local No. \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_  
(please print)

Please complete and return the above form  
**BY JANUARY 7<sup>TH</sup>, 2013** to:  
**On-Site Child Care Registration - CUPE Ontario Conference**  
CUPE Regional, 80 Commerce Valley Drive East, Markham, ON L3T 0B2  
Phone: 905-739-3999 Fax: 905-739-4001



# Family or Dependent Care Subsidy

<b>Name of Claimant:</b>	<b>Local No.</b>
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**CUPE only reimburses expenses in excess of regular fees.** (e.g. if your regular fees are \$30.00 per day and attendance at the CUPE function requires you to pay \$40.00, you would therefore claim the "excess fee" of \$10.00). You may claim up to \$50.00 per day – *receipts must be attached*. Please indicate the dates for expenses incurred, and the **excess** daily cost.

<b>Name of Function or Conference:</b>
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DATE	COST (per day)
<b>TOTAL</b>	<b>\$</b>

**Cheque to be made payable to:**

**Claimant**

**Local Union**

<b>Mailing Address:</b>

\_\_\_\_\_ (1) \_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_ (2) \_\_\_\_\_  
*signatures of 2 officers of the Local,  
 one of whom is not the claimant*

This form must be completed and forwarded no later than 30 days following the dates claimed to:  
 CUPE Ontario  
 80 Commerce Valley Drive East Suite 1  
 Markham, ON L3T 0B2  
 Phone: (905) 739-9739 Fax: (905) 739-9740

Cheque # _____ Date: _____ _____
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## GUIDELINES FOR LOCAL ASSISTANCE TO SECTOR CONFERENCES

### CRITERIA

In order to be considered for local assistance the local must fall into one of the 4 categories:

1. Small local from the sector of less than 100 members
2. A Northern local located north of the French River or more than 500 kms from the location of the event
3. A newly organized local union currently negotiating their first collective agreement
4. A local which has been on strike or locked out within the previous year leading up to conference.

In order for a local to be considered for local assistance the following must apply:

1. With the exception of locals negotiating a first collective agreement, the local must be up to date with its CUPE Ontario Per Capita Payments
2. For purposes of this requirement - up to date shall be not more than 3 months in arrears at the time of the conference subsidy being awarded
3. The local must demonstrate an inability to pay

### DEMONSTRATING INABILITY TO PAY

A local's inability to pay will be determined based on cash assets in excess of 10x the amount to send one delegate to the conference in question. For example, if it is determined that the cost to send one delegate is \$1,000.00 the local must have less than \$10,000 available to them in cash. The following process will be applied:

1. Once an application form is received, the Secretary-Treasurer will determine the cost of the local's participation based on their delegates' current day reality (location, wages, accommodation, registration fees).
2. The local will be required to demonstrate an inability to pay by submitting to the Secretary-Treasurer a recent and approved local trustees report. The local will also be required to send a copy of their bank statement which will identify cash assets.
3. Office furniture and equipments as well as property will not be considered for purposes of determining assets.
4. Special circumstances, like a pending arbitration or strike averting campaign will be considered when determining the local's inability to pay.

### APPLICATION

In order to be considered for assistance to attend an event an application must be filled out and sent back to the Secretary-Treasurer by the deadline specified on the assistance form. Such form and guidelines shall be mailed with the conference call notice.

### FINANCIAL ASSISTANCE

Local assistance shall be built into the conference budget using conference revenue. Assistance shall be limited to the following:

1. Assistance will normally be limited to one member per local. Assistance will not be available if the local is otherwise sending a delegate.
2. The registration fee to attend the event shall be waived and such delegate will be entitled to all rights and privileges in accordance with the sector by-laws.
3. Return travel shall be provided in the case of air or train travel and reimbursement of mileage in the case of automobile travel. The decision should be based on the most economical and reasonable method of travel.
4. Where possible and where a conference has any unused complimentary rooms, accommodation may be provided as well.

### NEWLY ORGANIZED LOCALS

Some additional support may be provided in recognition of newly organized locals who have no collective agreement and no union dues being collected. Such support to be considered at the time of conference budget planning.



## Local Support Application For Attendance at the OSBCC Conference

Local # \_\_\_\_\_

Name of delegate attending event: \_\_\_\_\_

Contact person for the local: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Number of members in local: \_\_\_\_\_

Is the local in the process of bargaining a first collective agreement?

YES  NO

Has the local been on strike or locked out in the past year?

YES  NO

Method of travel: Air  Train  Drive

Please enclose the following (***does not apply to newly organized locals bargaining a first collective agreement***):

1. Approved recent trustees report
2. Copy of current bank statement

**PLEASE RETURN BY JANUARY 7<sup>TH</sup>, 2013 TO:**

Candace Rennick, Secretary-Treasurer  
CUPE Ontario  
80 Commerce Valley Dr. E., Suite 1  
Markham, ON L3T 0B2