



October 23 – 26, 2008
Crowne Plaza (formerly Brock)
5875 Falls Ave.
NIAGARA FALLS

Please book all hotel reservations through W.E. Travel at 1-888-676-7747

Injured Workers Conference

"INJURED WORKERS FIRST"

Anyone not pre-registered prior to the conference
will not be guaranteed course material

REGISTRATION FEE:

Affiliates \$165.00

Non-Affiliates \$255.00

Late fee (per delegate – after October 10th) \$ 25.00

REGISTRATION TIME:

Thursday, Oct 23rd 5:30 p.m. – 7:00 p.m.

Friday, Oct 24th 8:00 a.m. – 9:00 a.m.

This is a fragrance-free conference



Injured Workers Conference

October 23 - 26 2008

Crowne Plaza

NIAGARA FALLS

AGENDA

Thursday, October 23

5:30 – 7:00 pm

Registration

7:00 – 9:00 pm

Plenary

Guest Speaker

Welcome Social

Friday, October 24

8:00 am – 9:00 am

Registration

9:00 am – 12:00 pm

Forum (New Service Delivery Model)

12:00 pm – 1:30 pm

Lunch Break

1:30 pm – 5:00 pm

Forum (RTW/LMR/72 month review)

Saturday, October 25

9:00 am – 12:00 pm

Workshops

12:00 pm - 1:30 pm

Lunch Break

1:30 pm – 5:00 pm

Workshops

Sunday, October 26

9:00 am – 2:00 pm

Plenary

Development of Resolutions for

2009 National Convention

2009 Division Convention

Panel Discussion

Closing



Injured Workers Conference

REGISTRATION

(This is a fragrance-free conference)

Friday Workshop:

Beginner Workshop

#1 Beginner WSIB – All Day

Advanced Workshops - **Pick 2 workshops**

#2 Prevention

All Advanced workshops will be held in the morning and afternoon

#3 Appeals Resolutions Officer (ARO)

#4 NEL's (Non Economic Loss)

#5 Occupational Disease

NAME	PHONE NO.	Beginner ALL - DAY	AM	PM

REGISTRATION FEE: AFFILIATES **\$165.00** X ____ = \$ ____
NON-AFFILIATES **\$255.00** X ____ = \$ ____
LATE FEE per delegate (after Oct 10th) **\$ 25.00** X ____ = \$ ____
TOTAL \$ _____

(NOTE: the surcharge of \$90.00 for non-affiliates would be applied to the first per capita tax payment if a local joins the Ontario Division within three months of the conference)

- I REQUIRE SIMULTANEOUS FRENCH TRANSLATION
- I REQUIRE ASL TRANSLATION

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

**Injured Workers Conference
CUPE Ontario, 305 Milner Ave., Suite 801
Scarborough, Ontario M1B 3V4
Phone: 416-299-9739 Fax: 416-299-3480**

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