

Securing Economic Justice For Women



**Sisters
in Solidarity**

CUPE Ontario
Women's Committee

**2011 Women's Conference
JANUARY 21 - 23, 2011
Toronto Sheraton Centre
123 Queen Street West,
Toronto, ON**

Registration:

**Thursday 20th 5:00 p.m. – 6:00 p.m. &
Friday 21st 8:00 a.m. - 9:00 a.m.**

Opening Plenary: Friday 9:00 a.m.

~ *Registration Deadline: Monday, January 10th ~

**A \$50.00 late fee per delegate applies after this date*

**Please Note ~ If you registered AND paid for the postponed
November Conference and will be attending in January
please check the box on the registration form.**

"SECURING ECONOMIC JUSTICE FOR WOMEN"

2011 WOMEN'S CONFERENCE
JANUARY 21- 23, 2011

Conference Agenda

All CUPE Sisters are invited to attend this year's Conference. Through speakers, panels and group discussions we will build a campaign to promote Economic Justice for Women. Equality is a "bread and butter" issue for women – it is about wages, benefits, pensions and full-time secure jobs. These issues with a focus on women in all of our diversities need to be front and centre at our bargaining tables and we will strategize together at this Conference about how to make that happen over the next few years.

Childcare

If there is sufficient demand, we will provide on-site childcare for Sisters attending the Conference. Requests for on-site childcare must be received no later than **Wednesday, January 7th** and delegates will be advised of the decision as quickly as possible.

Election Process

In accordance with the Constitution of CUPE Ontario, the 2010-2012 Women's Committee will be elected at this Conference.

Delegates must be from affiliated Locals in order to be eligible to vote and/or to stand for a position in this election. Those interested in standing for a position must have their Local's support to do so.

Five positions will be filled by caucus elections – Racialized Women, Aboriginal Women, LBT Women, Women with Disabilities and Young Women. These caucuses will be held on Friday, January 21st at different times during the day. Delegates must self-identify as a member of a particular caucus in order to participate in these elections.

Registration Fees

\$215.00 for affiliated Local Unions; \$315.00 for non-affiliated Local Unions. The surcharge of \$100.00 for non-affiliates can be applied to the first per capita payment if a local joins the Ontario Division within three months. A \$50.00 late fee per delegate applies after January 10th.

REGISTRATION FORM

2011 WOMEN'S CONFERENCE
JANUARY 21 – 23, 2011

<i>NAME (please print in full)</i>	<i>PHONE NO.</i>	<i>E-MAIL ADDRESS</i>

*The surcharge of \$100.00 for non-affiliates can be applied to the first per capita payment if a local joins the Ontario Division within three (3) months.

Affiliates *\$215.00 X _____ = \$ _____

Non-Affiliates *\$315.00 X _____ = \$ _____

Late fee \$50.00 X _____ = \$ _____

TOTAL = \$ _____

PLEASE CHECK IF APPLICABLE:

- ☐ I already registered and paid and will be attending the January Conference _____
- ☐ I am interested in on-site childcare for _____ (#) child(ren). Name: _____

Please return this registration form along with your cheque made payable to **CUPE Ontario – 2011 Women's Conference** to:

CUPE Ontario Office – 2011 Women's Conference
305 Milner Avenue, Suite 801
Scarborough, ON M1B 3V4

A block of rooms has been set aside at the **Toronto Sheraton Centre** 123 Queen St. W, Toronto, ON (www.sheratontoronto.com). We suggest that you reserve your rooms immediately by calling **W.E. Travel at 1-888-676-7747**. Please identify that you are booking for the **CUPE Ontario Women's Conference** to ensure you receive our special standard room rate of \$159.00/night plus tax for single/double occupancy. Hotel accommodations must be made no later than **January 10, 2011.**

TELEPHONE # _____ **LOCAL NO.** _____

ADDRESS: _____

SIGNED (by Recording Secretary) _____



2011 WOMEN'S CONFERENCE
JANUARY 21 - 23, 2011, TORONTO SHERATON
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 ☐

	Hotel	Event
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Alternative Communication

French Translation	<input type="checkbox"/>
Real Time Captioning	<input type="checkbox"/>
Alternative Media	<input type="checkbox"/>
Large Print (Font Size _____)	<input type="checkbox"/>

**I Need Materials in advance
(in order to accommodate a disability)**

Electronically ☐

Serious allergy alert (Please specify) _____

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

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

Other services? (Please specify) _____

Please complete and return by **January 7th, 2011** to:

CUPE Ontario Access Request

305 Milner Ave., Suite 801

Scarborough, Ontario M1B 3V4

(416) 299-9739 or FAX: (416) 299-3480



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

CHILD'S NAME	Age	Medical Problems, Allergies or Special Care

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, 2011 to:

On-Site Child Care Registration - CUPE Ontario Conference

CUPE Regional, 305 Milner Ave., Suite 801 Scarborough, ON M1B 3V4

Phone: 416-299-9739 Fax: 416-299-3480