



2012 CACO Conference (Ambulance Workers)

September 24 & 25
Valhalla Inn, Thunder Bay
1 Valhalla Rd., Thunder Bay P7E 6J1

REGISTRATION FEE:

Affiliates	\$225.00
Non-Affiliates	\$325.00
Late Fee after September 7th	\$ 50.00

**All hotel reservations are to
be made through W.E. Travel
\$139.00 + taxes
1-888-676-7747
Cut off date: September 6, 2012**

A French version of this notice is available upon request,
or please go to our website www.cupe.on.ca

CACO

CUPE AMBULANCE COMMITTEE
of ONTARIO



Exemplary Award 2012

Let's recognize one of our own third annual (2012) EMS Exemplary Award

Do you know an outstanding CUPE Emergency Medical Services (EMS) member who every day goes above and beyond the line of duty on the job and who is a community and union builder?

Yes...then nominate them for recognition in the third annual (2012) Exemplary EMS Award.

This award is a joint initiative between the CUPE Ambulance Committee of Ontario (CACO) and CUPE Ontario.

Recipient Information

Name: First and Last	
Local Number	
Mailing Address	
City/Town	
Postal Code	
Phone Number	
Email Address	
Employer	
Job Title/Position	
Years of Service	

Nominating a CUPE EMS member is easy.

In addition to providing details of the nominees credentials and work experience, nominators are encouraged to use the criteria provided below as a guide to write a one-page letter letting us know about how the nominee shows leadership in the workplace, the union and in the community.

- What impact has the decisive on-the-job action of your nominee had?
- How are others positively influenced by your nominee?
- How has your nominee broken new ground in the workplace?
- How does your nominee demonstrate his/her commitment to union and community building?

Submissions can be emailed to caco@members.cupe.ca before July 20, 2012. Photos are welcome.

Nominator

Name: First and Last	
Local Number	
Phone Number	
Email Address	

Deadline for submissions: July 20, 2012



CACO CONFERENCE
September 24 & 25, 2012
Valhalla Inn, Thunder Bay
REGISTRATION

NAME	EMAIL	PHONE NO.

REGISTRATION FEE:

AFFILIATES	\$225.00 x	= \$ _____
NON-AFFILIATES	\$325.00 x	= \$ _____
L ATE FEE (after Sep 7 th)	\$50.00 x	= \$ _____
TOTAL		\$ _____

NOTE: the surcharge of \$100.00 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.

**Please make cheque payable to “CUPE ONTARIO”
and forward with Registration Form to:
CUPE ONTARIO CACO CONFERENCE
80 Commerce Valley Dr. E., Suite 1, Ontario L3T 0B2
Phone: 905-739-9739 Fax: 905-739-9740**

SECRETARY:	LOCAL NO.
ADDRESS:	
<small>postal code</small>	
Email:	
PHONE NO.	<i>Signature:</i>

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 2012 CACO Conference**

Local # _____

Contact Name: _____

Address: _____

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

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 SEPTEMBER 7TH, 2012 TO:

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



CACO 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

Alternative Media

Large Print (Font Size _____)

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 **SEPTEMBER 7TH, 2012** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or FAX: 905-739-9740



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 SEPTEMBER 7, 2012 to:
On-Site Child Care Registration - CUPE Ontario CACO Conference
 80 Commerce Valley Dr E., Suite 1
 Markham, Ontario L3T 0B2
 Phone: 905-739-9739 fax: 904-739-9740