

CUPE ONTARIO
EMERGENCY PROVINCIAL
LEADERSHIP MEETING

All locals in Ontario are encouraged to send representatives

SATURDAY DECEMBER 15TH
METRO TORONTO CONVENTION CENTRE
NORTH BUILDING – CONSTITUTION HALL
9:00 A.M. TO 5:00 P.M.

Hotel Reservations:
InterContinental Hotel rate \$149.00
All reservations to be
made with W.E. Travel at
1-888-676-7747 or 1800-663-4703

To register, please return this portion to CUPE Ontario,
305 Milner Ave., Suite 801, Scarborough, ON M1B 3V4
ph: 416-299-9739 fax: 416-299-3480 email: sgolic@cupe.on.ca
for more information go to our website www.cupe.on.ca

Name: _____ Position _____

Address: _____

_____ Postal Code _____

Email: _____ Local: _____

No. of delegates attending from your local: _____

TO ALL CUPE LOCALS IN ONTARIO:

We would like to bring your attention to the upcoming Emergency Provincial Leadership Meeting being held in Toronto on December 15, 2007.

We are asking for your support to assist small, geographically isolated and financially challenged locals in order for them to attend.

Low wages and small memberships contribute to the growing difficulty of participating in conferences and meetings. The level of activism within these Locals is amazing but members are often unable to participate in all the activities available to them through CUPE due to cost.

Especially this fall, with a number of events, some locals will find it difficult to participate in this emergency meeting.

In an effort to address this challenge and to ensure the true voice of all of the members we represent is heard, CUPE Ontario is encouraging collective action by us all to assist these members.

Please take a moment to complete the following:

LOCAL NO: _____ **TOTAL NUMBER OF MEMBERS** _____

My Local is willing to support members who would not be able to participate in the upcoming Emergency Leadership meeting by providing a donation to assist of \$_____.

OR

My Local would be able to participate in the upcoming Emergency Leadership meeting if we had the following support:

Travel expense \$ _____ Meal Allowance \$ _____

Accommodation \$ _____ Child/Elder Care \$ _____

Lost Wages \$ _____

Other _____

Please return questionnaire to the attention of Shadi Golic

305 Milner Ave., Ste. 801, Scarborough, ON M1B 3V4

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