

FIGHT POVERTY ~ FIGHT FOR PUBLIC SERVICES



HUMAN RIGHTS CONFERENCE

NOVEMBER 16 - 18, 2007
RYERSON UNIVERSITY
STUDENT CAMPUS CENTRE
55 GOULD STREET
TORONTO, ON

FRIDAY REGISTRATION: 8:00 – 9:00 A.M.
OPENING SESSION: 9:00 A.M.

Quality public services ~ it's not a privilege, it's a right!

“FIGHT POVERTY – FIGHT FOR PUBLIC SERVICES”

HUMAN RIGHTS CONFERENCE

NOVEMBER 16 – 18, 2007

TENTATIVE AGENDA

FRIDAY, NOVEMBER 16TH

- 8:00 a.m. Registration
- 9:00 a.m. Opening
- 10:30 a.m. – 4:00 p.m. ANTI-RACISM FORUM
- 4:00 p.m. Workers of Colour Caucus & Elections
- 4:00 p.m. Aboriginal Workers Caucus & Elections
- 5:00 p.m. Young Workers Caucus & Elections

SATURDAY, NOVEMBER 17TH

- 8:00 a.m. Women’s Caucus
- 9:00 a.m. – 12:00 p.m. Panel Discussion: Income Security
- 12:00 p.m. – 1:30 p.m. LUNCH AND ENTERTAINMENT
- 1:30 p.m. Workers with Disabilities Caucus & Elections
- 2:00 p.m. – 5:00 p.m. Panel Discussion: Working with our Community Allies
- 5:00 p.m. Pink Triangle Caucus & Elections
- 6:00 p.m. International Solidarity Caucus & Elections

SUNDAY, NOVEMBER 18TH

- 10:00 a.m. – 1:00 p.m. Guest Speaker: Poverty in an International Context
- Panel Discussion: CUPE Ontario’s Fight Against Poverty
– Fight for Public Services

CLOSING REMARKS



REGISTRATION FORM

2007 HUMAN RIGHTS CONFERENCE
NOVEMBER 16 – 18, 2007

NAME (please print in full)	PHONE NO	E-MAIL ADDRESS

► **REGISTRATION FEE FOR HUMAN RIGHTS CONFERENCE (November 16 –18):**

***\$140.00** (*per delegate & includes lunch on Saturday) X _____ = \$ _____

TOTAL: \$ _____

Please complete & return this registration form along with your cheque made payable to **CUPE ONTARIO – 2007 HUMAN RIGHTS CONFERENCE** and return to:

CUPE Ontario Regional Office – 2007 Human Rights Conference
Attention: Deborah Morris
305 Milner Avenue, Ste. 800 ~ Scarborough, ON ~ M1B 3V4

A block of rooms has been set-aside at the **Delta Chelsea Hotel** located at 33 Gerrard Street West, Toronto, ON.

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 Human Rights Conference to ensure you receive our special standard room rate of \$119.00/night plus tax for Single/Double Occupancy.

Hotel reservations must be received on or before **November 9, 2007**.

PHONE NO. _____ LOCAL NO. _____

ADDRESS: _____

SIGNED (by Recording Secretary) _____



Family or Dependent Care Subsidy

Name of Claimant:

Local No.

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.

Name of Function or Conference: *2007 Human Rights Conference*

DATE	COST (per day)
TOTAL	\$

Cheque to be made payable to:

Claimant

Local Union

Mailing Address:

Signature of Claimant

(1) _____

(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 November 9th:

CUPE Ontario Regional Office (Attention: Deborah Morris)

305 Milner Avenue, Suite 800

Scarborough, ON M1B 3V4

(T) 416-292-3999 / (F) 416-292-2839

Cheque # _____

Date: _____



SPECIAL NEEDS FORM

(Please make additional copies of this form as required)

(Please print or type)

Name of Delegate:	Local No.
Address: _____	
_____	_____
City, Province	Postal Code
Telephone: (Home)	(Other)

1. NATURE OF YOUR DISABILITY

If you consider that you have a disability, how would you categorize your condition?

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Mobility Impairment _____ ▪ Blind/Visually Impaired _____ ▪ Speech Impairment/
Communications Disability _____ | <ul style="list-style-type: none"> ▪ Deaf/Hearing Impaired _____ ▪ Coordination Impairment _____ ▪ Non-visible Physical
Impairment _____ |
|--|---|

Other, please specify: _____

2. HOTEL/CONVENTION ACCOMMODATION

Please check which of the following you would require at the hotel and/or convention?

	HOTEL	CONVENTION
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodations Requirements <i>(Please Specify)</i>		

3. PERSONAL ASSISTANCE

Do you have a guide dog? Yes _____ No _____

Do you have a personal care attendant to assist you? Yes _____ No _____

If yes, will your personal care attendant accompany you to this conference? Yes _____ No _____

If no, do you require CUPE to provide a personal care attendant for you? Yes _____ No _____

4. ALTERNATIVE MEDIA

Will you need resource material in alternative media? Yes _____ No _____
If yes, please specify:

Large Print (preferred font size _____) _____

Braille _____

Computer Diskettes _____

Other (please specify) _____

5. CONFERENCE SERVICE

Requests for the services provided by Ontario Interpreter Services must be received no later than the date indicated below.

6. SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Do you have any dietary requirements or allergies that we should make the hotel aware of to assist them in their meal preparation? Yes _____ No _____

If yes, please specify: _____

PLEASE MAIL OR FAX COMPLETED FORM NO LATER THAN NOVEMBER 9TH TO:

CUPE ONTARIO REGIONAL OFFICE
ATTENTION: DEBORAH MORRIS
305 MILNER AVENUE, SUITE 800
SCARBOROUGH, ON M1B 3V4
(T) 416-292-3999 X253 / (F) 416-292-2839