

The Way the River Flows

OFL 3rd Annual Aboriginal Gathering

June 14 - 16, 2013



PATRICK (SID) RYAN
President
NANCY HUTCHISON
Secretary-Treasurer
IRWIN NANDA
Executive Vice-President



March 2013

TO: ALL AFFILIATES

Greetings:

**OFL 3rd Aboriginal Gathering – *The Way the River Flows*
June 14-16, 2013**

CAW Family Education Centre

115 Shipley Avenue, Port Elgin, ON N0H 2C5

www.caw.ca/en_about-the-caw-family-education-centre.htm

The Ontario Federation of Labour (OFL) is holding its 3rd Aboriginal Gathering from June 14-16, 2013. The OFL and its affiliates have a long history of activism and lobbying on Aboriginal, Métis and Inuit issues.

This is a Gathering that is reaching out **to all people – labour and community, Aboriginal, Métis, Inuit and non-aboriginal** – who are concerned and interested in developing action oriented change, justice and reconciliation for Aboriginal Peoples: *Idle No More!!!!* Let us confront the truth and take action while finding peace and solace in the Aboriginal, Métis and Inuit traditional medicines and spiritual teachings.

According to Article 5, United Nations Declaration on the Rights of Indigenous Peoples:

“Indigenous Peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political economic, social and cultural life of the State.”

Go to <http://psac-afpc.com/issues/campaigns/aboriginal/index-e.shtml> to obtain current facts that are available to be discussed and addressed by our union and community activists and allies:

.../2

- 52% of all Aboriginal children live in poverty and are four times more likely to be hungry than non-Aboriginals.
- There are 120 Aboriginal communities under “boil water” advisories – some for more than a decade.
- Although Aboriginal women represent only 3% of the Canadian population, they are over represented as victims of violence both racial and sexual, and too often targeted because of their gender and Aboriginal identity.
- More than half of First Nations youth on reserves currently do not finish high school. There is chronic underfunding of Indian and Northern Affairs Canada (INAC), Aboriginal, Métis and Inuit schools that includes basic services: school libraries, computers, sport and recreation and vocational training.

OFL Gathering Registration Form

A registration form is attached. The registration fee is \$100.00 per person. **Note: Registration deadline is June 6, 2013.** Kindly select two workshops in order of preference and send the completed registration form together with cheque payable to “**OFL 3rd Aboriginal Gathering**”. Space will be limited and registrations will be accepted on a first-come, first-served basis.

Participants are responsible for making their own room reservations. Please indicate on the attached **CAW Registration Form** that you are attending the OFL 3rd Aboriginal Gathering in order to receive the special room rate. **Deadline for this rate expires May 13, 2013.** Meals are included in the room cost. Once you have completed the CAW Registration form please forward to the CAW Family Education Centre, 115 Shipley Avenue, Port Elgin, ON N0H 2C5, or via email confcentre@caw.ca. If you request further information you may call the Family Centre at 519-389-3200 ext 0 of 1-800-265-3735 or via fax 519-389-3222.

Child Care Registration

It is the OFL policy that we will provide child care services if more than ten (10) children are registered for this service. The **deadline for the child care registration is May 31, 2013**, as we must make these arrangements separately with the child care provider.

Personal Assistance Request

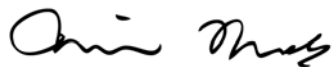
Accommodation can be provided for delegates with disabilities if advance notice is received. If services are needed, please complete and return the attached **Personal Assistance Request Form** to us by **June 6, 2013**.

Allergy Alert Notice

As is the OFL policy, this Gathering will be scent free to ensure the active involvement of those with chemical sensitivity.

For more information please contact Janice Gairey at 416-443-7655 or jgairey@ofl.ca. Additional registration forms may be obtained from the OFL website at www.ofl.ca or by contacting Paulette Hazel at 416-443-7667 or toll-free at 1-800-668-9138 ext 667.

In solidarity,



IRWIN NANDA

Executive Vice-President



JOANNE WEBB

Chair – OFL Aboriginal Circle

Cc: S. Ryan, N. Hutchison
OFL Executive Board & Council
OFL Aboriginal Circle, OFL Directors

Attachments

IN/JG/ph:cope343



OFL 3RD ABORIGINAL GATHERING – THE WAY THE RIVER FLOWS
CAW FAMILY EDUCATION CENTRE
115 SHIPLEY AVENUE
PORT ELGIN, ONTARIO N0H 2C5
JUNE 14-16, 2013

CHILD CARE FORM

Return by MAY 31, 2013

Number of children requiring child care _____

Last Name	First Name	Age	Sex	Health Card #

Does your child(ren) require day care services?

- Friday, June 14, 2013** – **1:00 p.m.** – **10:00 p.m.**
- Saturday, June 15, 2013** – **9:00 a.m.** – **5:00 p.m.**
- Sunday, June 16, 2013** – **9:00 a.m.** – **12:00 noon**

Does your child(ren) have any special dietary or medical requirements? _____

Does your child(ren) have a nap during the day? _____

I give permission for my child(ren) to participate in an excursion _____

Any special requirements for your child(ren) (bottles, diapers, special food) should accompany the child(ren).

Unfortunately, due to prohibitive costs, child care will not be provided if less than ten (10) children register. If this happens, you will be contacted by phone.

RELEASE FORM

I hereby release the Ontario Federation of Labour from any and all claims for damages to the safety or health of my child(ren), however caused.

Name of Delegate _____

Union/Organization _____ Local _____

Address _____

City/Town _____ Postal Code _____

Telephone [Work] _____ [Home] _____

[E-Mail] _____

Signature of Parent or Guardian

Date

Please complete and return form by May 31, 2013, addressed to Paulette Hazel, Ontario Federation of Labour, 202-15 Gervais Drive, Toronto, ON M3C 1Y8 or by Fax at 416-441-1893.



OFL 3RD ABORIGINAL GATHERING – THE WAY THE RIVER FLOWS
CAW FAMILY EDUCATION CENTRE
115 SHIPLEY AVENUE
PORT ELGIN, ONTARIO N0H 2C5
JUNE 14-16, 2013

REGISTRATION FORM

Union/Organization _____ Local No. _____

Address _____

City/Town _____ Postal Code _____

Telephone[Work] _____ [Home] _____

[Fax] _____ [E-mail] _____

REGISTRATION FEE: \$100.00

Please print clearly. Photocopy extra forms if needed.

LAST NAME	FIRST NAME	ADDRESS	POSTAL CODE

Please select teachings 1st and 2nd choices:

- Crafts
- Aboriginal Activism & Idle No More
- Learning our Medicines
- Are you Aboriginal and ready to self identify?
- Aboriginal peoples access to Apprenticeship

Enclosed is a cheque in the amount of \$_____ which covers _____ delegate(s).

Please indicate if you need vegetarian meals: **Yes** _____ **No** _____

Please complete and return form with cheque payable to "OFL 3rd Aboriginal Gathering" no later than **June 6, 2013** addressed to Paulette Hazel OFL, 202-15 Gervais Drive, Toronto, ON M3C 1Y8 Tel: 416-443-7667, Toll Free 1-800-668-9138, Fax: 416-441-1893. If child care is required, please complete the Child Care Registration form enclosed.

Cancellations must be received 48 hours before the date of the OFL 3rd Aboriginal Gathering for a refund.



OFL 3RD ABORIGINAL GATHERING – THE WAY THE RIVER FLOWS
CAW FAMILY EDUCATION CENTRE
115 SHIPLEY AVENUE
PORT ELGIN, ONTARIO N0H 2C5
JUNE 14-16, 2013

PERSONAL ASSISTANCE REQUEST FORM

PLEASE COMPLETE AND RETURN BY JUNE 6, 2013

If you require any special type of assistance, please complete the form below and return it to the Ontario Federation of Labour no later than **June 6, 2013**. The Ontario Federation of Labour will endeavour to make the appropriate arrangements.

Last Name _____ First Name _____
 Union/Organization _____ Local No. _____
 City/Town _____ Postal Code _____
 Telephone[Work] _____ [Home] _____
 [Fax] _____ [E-mail] _____

1. NATURE OF YOUR ACCESSABILITY NEEDS

- Mobility Impairment _____
- Deaf/Hearing Impaired _____
- Blind/Visually Impaired _____
- Coordination Impairment _____
- Speech Impairment/
Communications Disability _____
- Use of a Wheel Chair _____

Other, please specify: _____

2. CAW FAMILY EDUCATION CENTRE/GATHERING ACCOMMODATION

Please check which of the following you would require at the CAW Family Education Centre and/or Gathering?

	CAW FAMILY EDUCATION CENTRE	GATHERING
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodation Requirements <i>(Please Specify)</i>		

3. PERSONAL ASSISTANCE

Will you be accompanied by a guide dog? Yes _____ No _____

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

4. ALTERNATIVE MEDIA

Will you need resource material in alternate media? Yes _____ No _____

If yes, please specify:

Large Print (preferred font size ____) _____

Braille _____

Computer Diskettes _____

Other (please specify) _____

5. GATHERING SERVICE

Requests for the services provided by Ontario Interpreter Services must be received **no later than June 6, 2013.**

6. SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Do you have any dietary requirements or allergies that we should make the centre aware of to assist them in their meal preparation?

Yes _____ No _____

If yes, please specify: _____

**PLEASE RETURN TO: Paulette Hazel
Ontario Federation of Labour
202-15 Gervais Drive
Toronto, Ontario M3C 1Y8
Tel: 416-443-7667
Fax: 416-441-1893**



RESERVATION FORM

CAW Family Education Centre 115 Shipley Ave.,
R.R. #1 Port Elgin, Ontario N0H 2C5
Phone: 1-800-265-3735 ext. 3221 Fax: (519) 389-3222
confcentre@caw.ca www.caw.ca/portelgin

Event or Conference Name: _____
Arrival Date: _____ Departure Date: _____

Guest mailing address information: _____ Local Union: _____
Guest Name: _____ Gender: male female
Address: _____ City: _____
Province/State: _____ Postal Code/Zip: _____ Country: _____
Home Phone: _____ Cell: _____ Email: _____

Labour organization or corporate mailing address information:
Organization Name: _____
Address: _____ City: _____
Province/State: _____ Postal Code/Zip: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

Family information: – complete names only if they are attending
Spouse/Partner attending No Yes Name _____
Children attending No Yes Childcare required No Yes
* Check with your event/conference organizer if childcare is offered and if so, request a childcare form for completion
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Emergency Contact: _____ Phone: _____

Special requirements: i.e. diet, accessible room, no stairs, medical, etc.
No Yes Explain: _____
Do you smoke? No Yes If so, we will provide ground floor access to patio if available

Rooming Request: _____

METHOD OF PAYMENT

Full payment for Room and Board will be made by: (check one)
 Labour Organization (Union/Union association) Corporate (Non-union) Guest

I authorize payment of the following accommodations for this delegate:
 shared room with another delegate delegate only single room delegate & family

Contact Person to authorize payment: _____
Title: _____ **Signature:** _____

Method of Payment: (check one)
 M/C _____ Expiry Date: ____/____ mm/yy
 Visa _____ Expiry Date: ____/____ mm/yy
 Amex _____ Expiry Date: ____/____ mm/yy
 Cheque – Payable to CAW Family Education Centre - Send with this form - No personal cheques
If family charges not covered by Labour Org. or Corporate provide personal credit card information
Personal Visa or MC: _____ Expiry Date: ____/____ mm/yy

I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice. The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: _____ **Date:** _____

jscope343 **Check-In: 3:00 p.m. – Check-Out: 11:00 a.m. No pets allowed.**



DEMANDE DE RÉSERVATION

Centre familial d'éducation des TCA
115, av. Shipley,
R.R. #1 Port Elgin, Ontario N0H 2C5
Tél.: 1-800-265-3735 poste 3221 Fax: 519 389-3222
confcentre@caw.ca www.caw.ca/portelgin

Événement ou conférence: _____

Date d'arrivée: _____ Date de départ: _____

Coordonnées de l'invité(e): _____ Section locale: _____

Nom de l'invité(e): _____ Genre: homme femme

Adresse: _____ Ville: _____

Province/État: _____ Code postal/Zip: _____ Pays: _____

Téléphone maison: _____ Cellulaire: _____ Courriel: _____

Organisation syndicale ou coordonnées de l'entreprise:

Nom de l'organisation: _____

Adresse: _____ Ville: _____

Province/État: _____ Code postal/Zip: _____ Pays: _____

Téléphone: _____ Fax: _____ Courriel: _____

Renseignements sur la famille: – noms au complet s'ils sont présents seulement

Conjoint(e)/Partenaire présent Non Oui Nom _____

Enfants présents Non Oui Services de garde requis Non Oui

* Vérifiez avec l'organisateur de l'événement/conférence si des services de garde sont offerts, et le cas échéant, demandez un formulaire de services de garde à remplir

Nom _____ Âge _____ Nom _____ Âge _____

Nom _____ Âge _____ Nom _____ Âge _____

Personne à contacter en cas d'urgence: _____

Téléphone: _____

Besoins spéciaux: par ex. diète, chambre accessible pour fauteuil roulant, pas d'escalier, besoins médicaux, etc. Non Oui Veuillez préciser: _____

Êtes-vous fumeur? Non Oui Si oui, vous aurez accès à un patio au rez-de-chaussée, si disponible

Demande pour camarade de chambre: _____

MODE DE PAIEMENT

Le paiement complet pour l'hébergement et les repas sera fait par: (cochez une réponse)

Organisation syndicale (syndicat/association syndicale) Entreprise

Invité(e)

J'autorise le paiement de la réservation suivante pour cette personne déléguée:

chambre partagée avec une autre personne déléguée chambre en occupation simple

personne déléguée et famille

Personne-ressource pour autoriser le paiement: _____

Titre: _____ **Signature:** _____

Mode de paiement: (check one)

MC _____ Date d'expiration: ____/____ m/a

Visa _____ Date d'expiration: ____/____ m/a

American Express _____ Date d'expiration: ____/____ m/a

Chèque – Payable au Centre familial d'éducation des TCA, à envoyer avec ce formulaire – Pas de chèques personnels

Si les frais pour les membres de la famille ne sont pas couverts par l'organisation syndicale ou l'entreprise, veuillez transmettre les données de votre carte de crédit personnelle

Visa ou MC personnelle: _____ Date d'expiration: ____/____ m/a

J'accepte être personnellement responsable au cas où la personne, l'entreprise ou l'organisation syndicale mentionnée ci-dessus négligerait de payer une partie ou la totalité du montant de la facture. Le Centre n'accepte aucune responsabilité pour des pertes d'argent, de bijoux ou d'autres objets de valeur, et n'est pas responsable des articles laissés dans les chambres ni dans les automobiles.

Signature de la personne invitée: _____ **Date:** _____