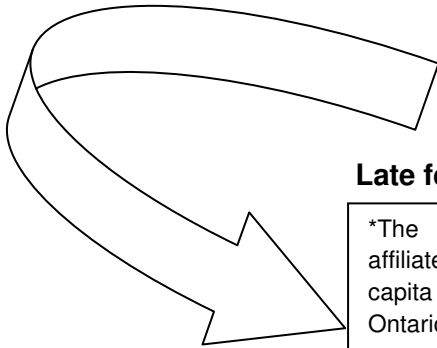




**2015 WOMEN'S CONFERENCE
MARCH 4-7, 2015**

REGISTRATION FORM

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



Affiliates *\$215.00 X _____ = \$ _____

Non-Affiliates *\$375.00 X _____ = \$ _____

Late fee (after Feb 15th) \$50.00 X _____ = \$ _____

*The surcharge of \$160.00 for non-affiliates can be applied to the first per capita payment if a local joins the Ontario Division within three (3) months.

TOTAL = \$ _____

IF YOU REQUIRE: **SMALL LOCAL SUBSIDY** **ACCESSIBILITY (SPECIAL NEEDS)** **ON-SITE CHILD CARE**

**YOU MUST COMPLETE THE APPROPRIATE FORMS AVAILABLE ON OUR WEBSITE WWW.CUPE.ON.CA
OR BY CONTACTING OUR OFFICE AT 905-739-9739**

Please return this registration form along with your cheque made payable to:

CUPE Ontario Women's Conference
80 Commerce Valley Drive East, Suite 1
Markham, ON L3T 0B2

TELEPHONE # _____

LOCAL NO. _____

ADDRESS: _____

SIGNED (by Recording Secretary) _____