

CUPE Staff Development REGISTRATION FORM

The registration date **DEADLINE** is October 3, 2007.

FAX this form to the CUPE office at 729-0866 or send **VIA COURIER** to the CUPE office (allow 1 week delivery time).

Name: _____ (Please Print)

Worksite: _____

Home phone number or email: _____

FULL DAY SESSION

1ST CHOICE: Seminar Number: _____ Title: _____

If signing up for GPS seminar, please state manufacturer, model, and type of unit.

2ND CHOICE: Seminar Number: _____ Title: _____

3RD CHOICE: Seminar Number: _____ Title: _____

Morning Session

1ST CHOICE: Seminar Number: _____ Title: _____

2ND CHOICE: Seminar Number: _____ Title: _____

3RD CHOICE: Seminar Number: _____ Title: _____

Afternoon Session

1ST CHOICE: Seminar Number: _____ Title: _____

2ND CHOICE: Seminar Number: _____ Title: _____

3RD CHOICE: Seminar Number: _____ Title: _____

Registration is filled on a first come, first served basis!

Check your CUPE bulletin board for confirmation list the week prior to October 19, 2007.