

CUPE Staff Development REGISTRATION FORM

The registration date **DEADLINE** is February 8, 2010.

FAX this form to the CUPE office at 729-0866 or send **VIA COURIER** to the CUPE office.

If absent or cancelling **do not call** CUPE office! **Fax** the PRO D Committee or the Cupe Office.

Name: *(Please Print)* _____

Worksite: _____

Home phone number or email: _____

Full Day Session

1ST CHOICE: Seminar Number: _____ Title: _____

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: _____

Note: We are having a hot lunch this Pro D and need to know how many will attend, Please tick appropriate one **YES** _____ **NO** _____ **Name Please print** _____