

# REQUEST TO ATTEND CONFERENCES and EDUCATION COURSES CUPE Local 973

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This form is to be completed by any member that would like to register for a CUPE conference or education course. The member understands that as per the Education Policy, the member will attend in full the conference or course they are registered for and will provide a written report for the Executive Team. Please complete this form and forward to Liz McGee Recording Secretary, for approval and registration.

**Conference/Course Name:**

**Course Date:**

**Location:**

**Member Name:** \_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accommodation Required?      Yes      No      If yes, # of nights: \_\_\_\_\_

List any assistance required or food allergies (if applicable): \_\_\_\_\_

Briefly explain why you want to attend the conference/course: \_\_\_\_\_

I agree I will attend in full and will provide a written report:      Yes      No

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Union Authorization:**

Meeting date of Membership approval: \_\_\_\_\_

Member meets qualifications outlined in education policy:

- Attendance at meetings       Pre-requisite course

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Conditions for Reimbursement:

- If applicable, vouchers with all receipts attached and forwarded to Secretary-Treasurer for reimbursement

Written report provided      Date Received: \_\_\_\_\_