**PEL 5-day Education Seminars**

**January 13 to 18, 2019**

**CLC Winter School**

**Harrison Hot Springs, B. C.**

**Registration Deadline: November 29, 2018 at 5 p.m.**



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| Course Offered: leadership skills  Please complete the following: (one form per participant) We do not accept applications via email. | | | | | | |
| **Name of Local:** | | | | | | |
| **Name:** | | | | Brother Sister They  Indigenous Worker of Colour  LGBTQ Differently Abled | | |
| **Address:** | | | | | **Postal Code:** | |
| **Home Phone #:** | | **Email:** | | | | |
| **Work Schedule: (i.e. start and finish time and days off)**  Full-time Part-time Temp | | | | | | Urban RSMC  PSBU |
| **Emergency contact name:** | **Phone #** | | | | | |
| **Accommodation and Transportation** | | | | | | |
| Are you willing to share a room to reduce costs? No Yes with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  All accommodations are guaranteed. It is the responsibility of the participant to notify the Regional Office of any cancellation **by January 1, 2019**. Failure to inform the Regional Office will result in a $200.00 cancellation fee. All “no show” room charges will be submitted to the participant/Local for payment. The Harrison Hot Springs is a non-smoking facility. | | | | | | |
| **I will be travelling by:** Bus \*Personal Vehicle Air (special request): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please print name as appears on ID for airline ticket purposes:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Bus transportation for participants from Lower Mainland & participants arriving by air is supplied, those choosing to take their personal vehicles will not be compensated for mileage or parking\***  **All flight cancellation costs will be billed to the participant/Local.** | | | | | | |
| **As meals will be provided, please let us know if you have any other special needs that we should be aware of (i.e. environmental, mobility, medical, deaf or hard of hearing, vision, etc.):** | | | | | | |
| **All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.** | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Local President** | | | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Signature of Applicant**cope 225 | | | |