



**UNIFOR**  
theUnion | lesyndicat

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*Quebec Director*  
*Directeur Québécois*

**Peter Kennedy**  
*National Secretary-Treasurer*  
*Secrétaire-trésorier national*

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April 6, 2016

TO: Local Union Presidents, Recording Secretaries, Unit Chairpersons & National Executive Board Members

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## **A time for action!**

### **UNIFOR YOUNG WORKERS CONFERENCE**

**JULY 8-10, 2016**

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#### **Calling all Unifor young workers!**

Young people face steep challenges in today's economy: from precarious employment, to underfunded public services, to expensive child care and the list goes on. Young people are also some of the most creative and imaginative when it comes to putting forward a vision of a more equitable and fair world. In fact, young workers are in the best position to imagine what a better world could look like for workers, now -- in the current economic context -- but also in the future for the next generation of young (and older!) workers.

The second Unifor Young Workers Conference will be an action-packed, skill-building conference where young workers will gather, connect and learn from each other. Through the tools they will gain at this conference, young workers will be trained and better equipped to be active union members in their local union, active workers in their workplace and active members of their community. The conference will combine skill-building workshops with invited speakers and trainers to offer young workers some perspective on the work happening in various social movements that will help to advance the interests and workers all over Canada.

To take part in Unifor's exciting young workers' program and to learn from those on the front lines of fighting for positive change, we invite local unions to send participants to the young workers conference.

The conference is open to Unifor members who are 35 or younger and begins at 7:00pm on Friday, July 8<sup>th</sup>.

**NOTE:** The National Young Workers Committee will meet prior to the start of the conference at 3pm on Friday, July 8<sup>th</sup> in rooms A&B. Committee members should confirm their attendance at this meeting by emailing to [roxanne.dubois@unifor.org](mailto:roxanne.dubois@unifor.org).

Please find additional registration forms and information enclosed.

## **REGISTRATION DEADLINE IS JUNE 17, 2016**

In solidarity,



**Roxanne Dubois**  
National Representative  
Young Workers Liaison

*rd:lg:cope343*  
*Encl.*

cc: Front Office, National Representatives, National Coordinators, Dean Fowler, FEC Front Desk, Laurie Wright

## REGISTRATION INFORMATION

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### Conference registration fee:

Payment of **\$60.00** is required for the conference kit materials (by separate cheque made payable to Unifor Family Education Centre).

### Accommodation fees:

All rates quoted are based on two (2) nights' accommodation, beginning with dinner on Friday, and up to and including lunch on Sunday.

Shared Room with another delegate	\$370.00
Single Room with Spouse or child age 17+	\$620.00
Single Room	\$520.00
Children, age 12-16	\$50.00 per child
Children, 11 or younger	No Charge

If rates are being paid by the INDIVIDUAL rather than the local or organization, please contact the Unifor Family Education Centre Reception at 1.800.265.3735 or 519.389.3221. Taxes will be applicable. The local can submit payment for a single room only (exempt from taxes). The delegate can provide a personal Visa, American Express or MasterCard for the family charges. The prices are as follows:

Partner or child aged 17+:	\$113.00
Child age 12 – 16:	\$ 56.50

### Additional guests:

For accommodation arrangements other than those outlined above, please contact Reception for pricing.

### Payment methods:

All room and board fees must be paid in advance.

Cheque: forward **two separate cheques** to the Unifor Family Education Centre, one for the conference registration fee (\$60.00) and the other for accommodation costs. **Cheques can be made payable to the Unifor Family Education Centre** and mailed with the enclosed reservation form directly to the Unifor Family Education Centre, 115 Shipley Ave., Port Elgin, ON N0H 2C5.

Credit Card: record the credit card number and expiry date on the Reservation Form and submit via email to [confcentre@unifor.org](mailto:confcentre@unifor.org), by fax to 519.389.3222 or mail in. Or, call the Centre – 1.800.265.3735 or 519.389.3221 to provide the credit card information required.

**First come, first served basis:**

Registration and accommodations for the conference will be handled on a first-come, first-served basis. To participate in the conference, delegates must have accommodations at the Centre. **If the Centre is fully booked, the Centre will advise you, and you (or your local) will be responsible for making alternative arrangements.**

**Cancellations:**

Cancellations must be made in writing within 24 hours prior to the conference start time and can be emailed to [confcentre@unifor.org](mailto:confcentre@unifor.org) or faxed to 519.389.3222. **Failure to cancel within the 24 time period will result in a billing for the first nights' accommodation costs.**

**Child care:**

Child care is available for children 0-12 years of age, for the children of eligible delegates during conference hours only – **if numbers permit**. Delegates will be eligible for the child care program providing they are a single parent, or a parent not accompanied by a spouse or companion, or if both parents are registered delegates for the conference. Child care registration forms are enclosed. To ensure a spot for the program, please submit your reservations as early as possible.



**UNIFOR CHILD CARE SERVICES REGISTRATION FORM**

**Unifor Family Education Centre 115 Shipley Avenue, R.R. # 1, Port Elgin, Ontario NOH 2C5**  
**Telephone: (519) 389-3233 Facsimile: (519) 389-3544 E-mail: fecchildcare@unifor.org**

Program Name: \_\_\_\_\_ . Date: \_\_\_\_\_ .

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
Full Name

Address: \_\_\_\_\_  
Street & Number City Province Postal Code

Gender: \_\_\_\_\_ . Birthday: \_\_\_\_\_  
(day / month /year)

Principal Home Language: \_\_\_\_\_ .

Name(s) of people to whom the child may be released: \_\_\_\_\_ .

**PARENT INFORMATION**

Name of Parent/Guardian: \_\_\_\_\_ Local # (i.e. L. 222): \_\_\_\_\_

Address (If different than above): \_\_\_\_\_  
Street & Number City/Town Province Postal Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Health Card Number and Initials: \_\_\_\_\_

Is your child receiving any medication on an ongoing basis? If yes describe what medication is for and times that it is to be taken:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any medical conditions such as allergies, asthma and disease? If "yes", please list and explain in detail the medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions? If yes please list/explain: Yes: \_\_\_\_\_. No: \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Syndrome, Cerebral Palsy? If "yes", please list and explain in detail the special need:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain his/her safety and the safety of the other children? If "yes", please list and explain in detail the behavioural issues/concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child physically able to take part in all program activities? Yes: \_\_\_\_\_. No: \_\_\_\_\_.  
If no, please list restrictions: \_\_\_\_\_

### CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from Unifor Child Care facility in Port Elgin or the city that the program is taking place in?  
Yes: \_\_\_\_\_. No: \_\_\_\_\_

In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s):

A. In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child?

Yes: \_\_\_\_\_. No: \_\_\_\_\_

B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child?

Yes: \_\_\_\_\_. No: \_\_\_\_\_

The Unifor Child Care Service is a high profile program, do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or Unifor Public Relations?

Yes: \_\_\_\_\_. No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# RESERVATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario N0H 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: confcentre@unifor.org

Event/Conference Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Guest Mailing Address Information**

Local Union: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Labour Organization/Corporate Mailing Address Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information - complete names only if they are attending:**

Spouse/Partner attending: Yes  No  Name: \_\_\_\_\_

Children Attending: Yes  No  Child Care Required: Yes  No

*(Check with your event/conference organizer if childcare is offered and, if so, request a childcare form for completion)*

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Requirements** (i.e. diet, accessible room, no stairs, medical, off-site accommodations, etc.)

No:  Yes:  Explain: \_\_\_\_\_ Off-site meal package

Do you smoke? No:  Yes:  (If so, we will provide ground floor access to patio if available)

**Rooming Request (Partner):** \_\_\_\_\_

**METHOD OF PAYMENT**

Full payment for room and board will be made by (please check one):

Labour Organization (Union/Union Associate)  Corporate (Non-union)  Guest

I authorize payment of the following accommodations for this delegate:

shared room with another delegate  delegate only single room  delegate & family

**Contact person to authorize payment:** \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Method of payment (please check one):**  M/C  Visa  American Express

Credit card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Cheque: *Payable to Unifor Family Education Centre - send with this form - no personal cheques*

Registration Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

Room and Board Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

**If costs incurred are not covered by your local, please complete the following information:**

Personal Visa/MC/AMEX: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

**I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice.** The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_