

National Office  
205 Placer Court  
Toronto, ON M2H 3H9



Bureau national  
205 Placer Court  
Toronto, Ontario M2H3H9

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Jerry Dias  
*National President*  
*Président National*

Renaud Gagné  
*Quebec Director*  
*Directeur québécois*

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

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**April 27, 2016**

TO: Local Union Presidents, Recording Secretaries, Unit Chairpersons, Women's Committee Chairpersons, Employment Equity Representatives, Women's Advocates, Regional Council Women's Committees

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## **UNIFOR WOMEN'S CONFERENCE** **AUGUST 7-10, 2016**

### **STRONG WOMEN, STRONG UNIONS!**

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Unifor represents over 100,000 women across the country in all major sectors of the economy. This year's Women's Conference theme, Strong Women, Strong Unions, captures our focus on strengthening the participation of women in their workplaces and their locals. The Conference is a chance to come together, build skills, exchange knowledge and strategize for the future.

The 2016 Unifor Women's Conference will be held at the Unifor Education Centre in Port Elgin, Ontario commencing Sunday, August 7<sup>th</sup> at 7:00 pm and concluding on Wednesday, August 10<sup>th</sup> at noon. Bilingual workshops will be offered as required based on registration.

Conference registration is on Sunday from 3:00 pm - 6:00 pm and room check-in begins at 3:00 pm. New delegate orientation will be held from 4:00 pm to 5:00 pm in the Sisterhood room.

As always this conference fills up quickly; please submit your registrations early to avoid disappointment. We know that women with pre-school children and women from out of province without transportation face increased challenges when they stay off-site. Therefore we are holding a number of rooms until June 1 to assist these members in staying at the Unifor Education Centre. After this date, the rooms will be released and will be allocated on a first-come first-served basis.

Please contact the Women's Department at 1.800.268.5763 ext. 8485, or [women@unifor.org](mailto:women@unifor.org) if you require additional information. We are looking forward to a great conference.

In solidarity,

A handwritten signature in black ink, appearing to read "Lisa Kelly". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

**LISA KELLY**  
Director  
Women's Department

*lgcope343*

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

Encl.: Child care registration, Reservation form, Teen program registration, Special Meal Requirements Form

## RESERVATION & REGISTRATION INFORMATION

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### REGISTRATION & RESERVATION DEADLINE – JULY 8, 2016

**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 three (3) nights' accommodation, beginning with dinner on Friday, and up to and including lunch on Sunday.

Shared Room with another delegate	\$555.00
Single Room child age 17+	\$930.00
Children, age 12-16	\$75.00 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:

Child aged 17+:	\$169.50
Child age 12 – 16:	\$84.75

**Additional guests:**

For accommodation arrangements other than those outlined above, please contact Reception for pricing at 1-800-265-3735 x.3221.

**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 24 hours prior to 3:00p.m. on August 7<sup>th</sup>, 2016 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.

Child Care facilities will be provided for children of eligible delegates during conference hours only. **THIS DOES NOT INCLUDE GRANDCHILDREN, GODCHILDREN, NIECES, NEPHEWS, FRIENDS ETC. Delegates requiring childcare must pre-register no later than July 8, 2016.** Please have the delegates complete the attached childcare form and send along with room reservation form and cheques to the Centre at the above address.

**Teen Program:**

At the Women's Conference a Teen program is offered for children 13-16 years. **Dependent children age 13-16 years old attending the conference with their mother or legal guardian must register and participate in the Teen program by submitting the registration form. Registration is due no later than July 8, 2016.**

**Grey Bruce Airbus**

Arrangements can be made directly at 1-800-361-0393 or 1-519-389-4433 for those delegates who will require transportation to and from the Toronto airport.

# 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: \_\_\_\_\_



# MEAL REQUIREMENTS EXIGENCES DIÉTÉTIQUES

# unifor

Special dietary requests pertain to medical issues such as severe food allergies, celiac or vegetarian and vegan requests. Also based on a religious traditions such as Halal food.

In order to provide you with the best experience while staying at the Centre, we request that you send these requests in advance. We strive to make your stay here a pleasant and safe culinary experience. If you have any questions or concerns, please contact me at [paul.johnston@unifor.org](mailto:paul.johnston@unifor.org) or call 1-800-265-3735 ext 3235 or fax 519-389-5240. Thank you – Chef Paul Johnston

Des demandes alimentaires spéciales en raison de problèmes médicaux comme des allergies alimentaires graves, des problèmes céliaques ou des demandes de repas végétariens ou végétaliens. Demandes s'appuyant aussi sur une tradition religieuse comme les aliments halal ou casher.

Afin de vous fournir une expérience des plus positives pendant votre séjour au Centre, nous vous demandons de nous envoyer ces demandes à l'avance. Nous veillerons à rendre votre séjour ici aussi plaisant et sécuritaire que possible sur le plan alimentaire. Si vous avez des questions ou des préoccupations, n'hésitez pas de communiquer avec Paul Johnston, chef du centre familial d'éducation au 1-800-265-3735 poste 3235, télécopieur 519-389-5240 ou par courriel [paul.johnston@unifor.org](mailto:paul.johnston@unifor.org). Merci – Chef Paul Johnston

## Food Allergies/Allergie Alimentaires :

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This completed form **will not be kept on file** after the dates specified below:  
Ce formulaire que vous avez complété **ne sera pas gardé dans nos dossiers** après les dates spécifiées ci-dessous:

Name of course or Conference :  
Nom du cours ou conférence : \_\_\_\_\_

Name of participant: \_\_\_\_\_ Local Union: \_\_\_\_\_  
Nom du participant(e): \_\_\_\_\_ Section Locale : \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Date d'arrivée : \_\_\_\_\_ Departure Date: \_\_\_\_\_

Please note: If you decide to skip a meal or go into town for a meal – please notify kitchen staff in advance to avoid staff unnecessarily doing special meal prep. Par souci d'économie et dans le but de faciliter la planification des repas, nous demandons de bien vouloir aviser le personnel de la cuisine de votre intention de sauter un repas ou de prendre un repas à l'extérieur du Centre.

**YOU CAN ALSO HAND-DELIVER THE COMPLETED FORM TO THE KITCHEN STAFF AT YOUR NEXT MEAL TIME TO SUBMIT YOUR REQUEST.**

**VOUS POUVEZ AUSSI RENDRE VOTRE FORMULAIRE REMPLI À UN(E) DES EMPLOYÉ(E)S DE LA CUISINE À VOTRE PROCHAIN REPAS POUR SOUMETTRE VOTRE DEMANDE.**



**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



2016 Unifor Women's Conference  
**TEEN PROGRAM**  
**REGISTRATION FORM**

(Age 13-16 only—no exceptions)

Please fill out this application form to ensure that your teenager is registered for the program. This year's program is going to be one not to miss, so register early to ensure a spot for your child.

Please Note: Only your dependent children up to age 16 may accompany you to the 2016 Unifor Women's Conference and must be enrolled in the Teen program. This does not include nieces, nephews, godchildren, grandchildren, friends, etc.

Please complete and send this form to Unifor Family Education Centre, Port Elgin, ON, N0H 2C5, fax: 519-389-3222 no later than July 8, 2016.

DELEGATE INFORMATION

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

Mother/Legal Guardian's First and Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

TEEN INFORMATION

Teen's First and Last Name \_\_\_\_\_

Female  Male

Date of Birth: \_\_\_\_\_  
YEAR / MONTH / DAY

Date: \_\_\_\_\_ Delegate's Signature: \_\_\_\_\_

Things to bring to the conference

- 4 Running shoes
- 4 Hat or baseball cap
- 4 Sunscreen