National Office 205 Placer Court Toronto, Ontario M2H 3H9



Bureau national 205 Placer Court Toronto (Ontario) M2H 3H9

Jerry Dias National President Président national Renaud Gagné Quebec Director Directeur québécois Robert J. Orr National Secretary-Treasurer Secrétaire-trésorier national

April 9, 2018

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

UNIFOR WOMEN'S CONFERENCE

AUGUST 5 – 8, 2018

Women's Bodies, Women's Rights

This year's Women's Conference, with the theme of *Women's Bodies, Women's Rights*, is a chance to come together, build skills, exchange knowledge and strategize for the future. Participants will be examining health and safety, sexual harassment, personal protective equipment, trans rights, gender-based violence and other issues that can have a particular impact on women. We are confident participants will leave feeling inspired and energized to continue the important work you do in your workplace, your local and your community.

The 2018 Unifor Women's Conference will be held at the Unifor Family Education Centre in Port Elgin, Ontario commencing Sunday, August 5th at 7:00 pm and concluding on Wednesday, August 8th at noon. The conference will be bilingual and some workshops will be offered in French or with translation as required based on registration.

The registration documents can be found at the following link: <u>https://form.jotform.com/UniforWomen/2018</u> You will find:

- Registration and Reservation Information
- Unifor Family Education Centre Reservation Form
- Medical or Religious Meal Requirements Form
- Child Care Form
- Teen Program Form

You must register your participants using the online forms.

We will be opening online workshop registration for workshops in May. It is imperative you provide participants' contact information so that they can register for workshops.

Please submit the Unifor Family Education Centre Reservation Form directly to the centre.

Conference registration is on Sunday, August 6th 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 1st**, **2018** 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.

Unifor seeks to make all union meetings and events accessible and barrier free. If you require accommodation for human rights related needs, we invite you to provide us with your relevant information so that we can take all reasonable steps to address any barriers to your participation in your Union. Please email requests to <u>catarina.xhuli@unifor.org</u> or fax to: 416-495-3764.

Please contact the Women's Department at 1.800.268.5763 ext. 8485, or <u>women@unifor.org</u> if you require additional information. As always, we are looking forward to a great conference.

In solidarity,

LISA KELLY Director Women's Department LK/cxcope343

- cc: Front Office, National Representatives, National Coordinators, NEB, Brian Johnson, FEC Front Desk, Laurie Wright
- Encl.: Conference Registration & Reservation Information, Unifor Family Education Centre Reservation Form, Child Care Registration Form, Teen program Registration Form, Special Meal Requirements Form

RESERVATION & REGISTRATION INFORMATION

REGISTRATION & RESERVATION DEADLINE – JULY 6, 2018

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 Sunday, and up to and including lunch on Wednesday.

Shared Room with another delegate	\$555.00
Single Room (only available to families)	\$780.00
Children, age 12-16	\$75.00 per child
Children, 11 or younger	No Charge

If rates are being paid by the <u>INDIVIDUAL</u> 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.

<u>Cheque:</u> 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** <u>Unifor Family Education Centre</u> and mailed with the enclosed reservation form directly to the Unifor Family Education Centre, 115 Shipley Ave., Port Elgin, ON NOH 2C5.

<u>Credit Card</u>: record the credit card number and expiry date on the Reservation Form and submit via email to <u>confcentre@unifor.org</u>, by fax to 519.389.3222 or mail in. Or, call the Centre – 1.800.265.3735 ext. 3221 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, firstserved 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. For those delegates required to stay offsite, please note that it is still mandatory to purchase the meal plan and to check in with the Front Desk at the Unifor Family Education Centre.

Cancellations:

Cancellations must be made in writing 48 hours prior to 3:00p.m. on Sunday, August 5, 2018 and can be emailed to <u>confcentre@unifor.org</u> or faxed to 519.389.3222. Failure to cancel within the 48 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 <u>during</u> <u>conference hours only</u> – **if numbers permit.** To ensure a spot in the program, please submit your reservations as early as possible and no later than Friday, July 6, 2018.

Child Care facilities will be provided for children of eligible delegates during conference hours only. <u>THIS DOES NOT INCLUDE</u> GRANDCHILDREN, GODCHILDREN, NIECES, NEPHEWS, FRIENDS ETC. <u>Delegates requiring childcare must pre-register no later than Friday, July 6, 2018</u>. 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. Please note that this program is offered if the numbers warrant a need. <u>Registration is due no later</u> than Friday, July 6, 2018.

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. You can also check the Facebook event page if you'd like to try to arrange a car pool.

Transportation during Conference:

There will be shuttle busses travelling to and from hotels in Port Elgin and Southampton in the morning and end of the conference each day to assist participants without vehicles. There will also be a ride board for posting transportation requests.



RESERVATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario NOH 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:
	City:
Province/State: Post	tal Code/Zip: Country:
Home Phone: Cell Phor	ne: Email:
Labour Organization/Corporate Mailing	J Address Information
Organization Name:	
	City:
Province/State: Post	al Code/Zip: Country:
Phone: Fax:	Email:
Family Information - complete names of	only if they are attending:
Spouse/Partner attending: Yes 🗌 No 🗌	Name:
Children Attending: Yes 🗌 No 🗌	Child Care Required: Yes 🗌 🛛 No 🗌
	childcare is offered and, if so, request a childcare form for completion)
	Name: DD/MM/YY:
Name: DD/MM/YY:	Name: DD/MM/YY:
Emergency Contact:	Phone:
Special Requirements (i.e. diet, accessib	le room, no stairs, medical, off-site accommodations, etc.)
No: Yes: Explain:	Off-site meal package 🗌
Do you smoke? No: D Yes: (If so, w	e will provide ground floor access to patio if available)
Rooming Request (Partner):	
	ETHOD OF PAYMENT
Full payment for room and board will be ma	ade by (please check one):
Labour Organization (Union/Union Assoc	iate) Corporate (Non-union) Guest
I authorize payment of the following accom	imodations for this delegate:
□ shared room with another delegate	\Box delegate only single room \Box delegate & family
Contact person to authorize payment:	
Title	Signature:
	M/C Visa American Express
	Expiry Date: / (mm/yy)
Cheque: Payable to Unifor Family Education Centre -	send with this form - no personal cheques
Registration Fee: #	\$
Room and Board Fee: #	
	our local, please complete the following information:
	Expiry Date: / (mm/yy)
	the indicated person, corporation or labour organization fails to pay the Centre assumes no responsibility for loss of money, jewels, or other the or automobiles.
Guest Signature:	Date:
	HECK-OUT 11:00 a.m. • NO PETS ALLOWED



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:					<u> </u>
	Full Na	ame			
Address:	Street & Number	City	Province	Postal Code	<u>.</u>
Gender:		day:			
	2:		(day / month /ye		
Name(s) of people to wh	om the child may be released:				÷
					<u> </u>
	PARE	INT INFORMATION			
Name of Parent/Guardia	n:	Local # (i.e. I	L. 222):		
Address (If different than abc					
	Street & Number	City/Town	Province	Postal Code	
Home Phone:		Work Phone	:		<u> </u>
Cell Phone:		E-Mail Address:			
	MEDI	CAL INFORMATION			
Child's Health Card Num	ber and Initials:				
	y medication on an ongoing basis				he taken:
		-	<u>.</u> No:		be taken.
					<u></u>
					<u> </u>
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:					
					<u> </u>
					<u> </u>
					<u> </u>

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 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 of the other children? If "yes", please list and explain in detain the behavioural issues	order to maintain l	<u>.</u>
		<u>.</u>
Is your child physically able to take part in all program activities? Yes:	No:	
CONSENTS		
CONSENTS Do you grant permission for your son/daughter/ward to participate on short superv from Unifor Child Care facility in Port Elgin or the city that the program is taking place	in?	
Do you grant permission for your son/daughter/ward to participate on short superv from Unifor Child Care facility in Port Elgin or the city that the program is taking place	in? Yes:	<u>.</u> No: <u> </u>
Do you grant permission for your son/daughter/ward to participate on short superv	in? Yes: rent(s) or guardian	<u>.</u> No: <u>.</u> (s):
Do you grant permission for your son/daughter/ward to participate on short superv from Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's pa A. In the event of a medical emergency do you hereby grant permission for t	in? Yes: rent(s) or guardian he staff of Unifor (<u>.</u> No: <u>.</u> (s):
Do you grant permission for your son/daughter/ward to participate on short superv from Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's pa A. In the event of a medical emergency do you hereby grant permission for t	in? Yes: rent(s) or guardian he staff of Unifor Yes: r a physician/hospit	No: (s): Child Care Services who are No:
 Do you grant permission for your son/daughter/ward to participate on short supervision Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's part A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child? B. In the event that you cannot be reached, do you hereby grant permission for the trained permission for the trained in emergency for the trained permission for the trained permisein permission for the trained permission for the trained	in? Yes: irent(s) or guardian he staff of Unifor (Yes: r a physician/hospit Id?	No: (s): Child Care Services who are No:
 Do you grant permission for your son/daughter/ward to participate on short supervision Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's part A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child? B. In the event that you cannot be reached, do you hereby grant permission for the trained permission for the trained in emergency for the trained permission for the trained permisein permission for the trained permission for the trained	in? Yes: Irent(s) or guardian he staff of Unifor (Yes: r a physician/hospit Id? Yes:	No: (s): Child Care Services who are No: :al, as selected by the Unifor No:
 Do you grant permission for your son/daughter/ward to participate on short supervision Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's part A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child? B. In the event that you cannot be reached, do you hereby grant permission for Child Care Service to hospitalize and/or secure proper treatment for your child. The Unifor Child Care Service is a high profile program, do you hereby grant permission 	in? Yes: rent(s) or guardian he staff of Unifor (Yes: Yes: Yes: ssion for your son,	No: (s): Child Care Services who are No: :al, as selected by the Unifor No:

Signature of Parent/Guardian

Date



Womens Conference TEEN REGISTRATION FORM

(Age 13-16 only—no exceptions)

Please complete and send this form to Unifor Family Education Centre, 115 Shipley Avenue, Port Elgin, ON, NOH 2C5

Fax #: 519-389-3544 or E-mail: Laurie.Wright@unifor.org

PARENT INFORMATION		
Program Name:	Unifor Local #:	
Parent/Legal Guardian's First and Last Name:		
Street Address:	Apt. #: City:	
Province: Postal Code: Home Pho	one: Cell Phone:	
Email:		
TEEN INFORMATION		
Teen's First and Last Name	Female 📮 Male 📮	
Date of Birth: Month / DAY / YEAR		
Date: Delegate's Signature:		
Health Card Number:		
Does your teen have any dietary restrictions?		
Does your teen have any special needs or physical restr		
Additional Information:		

Please Note: Only your dependent teen may accompany you to the Paid Education Leave Program during the March Break and must be enrolled in the Teen program. This *does not* include nieces, nephews, godchildren, grandchildren, friends, etc.

MEAL REQUIREMENTS EXIGENCES DIÉTÉTIQUES



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 <u>paul.johnston@unifor.org</u> 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 <u>paul.johnston@unifor.org</u>. Merci – Chef Paul Johnston

Food Allergies/Allergie Alimentaires :

This completed form will not be kept of	on file after the dates specified below [.]	
	té <u>ne sera pas gardé dans nos doss</u> i	i ers après les dates
spécifiées ci-dessous:	te <u>ne sera pas garde dans nos doss</u> i	iers apres les dates
specifiees 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.