



National Office
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Toronto, Ontario M2H 3H9

UNIFOR
theUnion | lesyndicat

Bureau national
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Jerry Dias
National President
Président national

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Quebec Director
Directeur québécois

Robert J. Orr
National Secretary-Treasurer
Secrétaire-trésorier national

June 13, 2018

TO: ALL LOCAL UNION PRESIDENTS, RECORDING SECRETARIES & LOCAL UNION RECREATION CHAIRPERSONS/ UNIT CHAIRPERSONS - UNIFOR

2nd UNIFOR National Recreation Conference September 21st, 22nd, 23rd 2018

- Will be held at the **Unifor Family Education Centre** in Port Elgin.
- Check-in begins at 3:00p.m. Friday September 21st, 2018. Registration will be held from **3:00 p.m. to 6:00 p.m. in front of the SALONS** on Friday.
- The Conference will commence **Friday, September 21st**, and finish on Sunday at approximately Noon.

REGISTRATION:



- Deadline for registration is **Friday, August 24th, 2018**. Completed registration form should be sent to Unifor Family Education Centre, confcentre@unifor.org or mailed to 115 SHIPLEY AVENUE, Port Elgin, ON N0H 2C5 - Attention: Reservations.



- Registration Form should indicate male or female, smoker or non-smoker, special meal requirements and any pre-arrangement to share a room with a named delegate. **Shirt/Jacket Size.**



ACCOMMODATION AND MEALS AT THE CENTRE:

- Delegates are expected to stay on site at the Centre. The Centre charges include accommodation for **2 nights** (Friday/ Saturday) and **6 meals** (Friday supper to Sunday lunch):-

Share room (with another delegate)	\$370.00 per delegate
Single room with spouse	\$620.00 per couple
Single occupancy room	\$520.00 per delegate
Child/Youth 17 years and over	\$100.00 per person
Children (12 to 16 years)	\$50.00 per child
Children 11 years and under	No Charge

- In the case where the local union is not paying the charges up front, individuals are responsible for the payment of the partner/child portion, different taxation applies and delegates should contact the Unifor Family Education Centre directly to determine charges.

PLEASE NOTE: 2 cheques must accompany reservation forms:

One cheque for \$80.00 per delegate to register and a separate cheque for the total cost of room and board for all delegates.

Visa, Master Card and American Express accepted.

LATE CHECK-IN @ PORT ELGIN:

- The Centre is open for check-in from 3:00 p.m. until 10:00 p.m. Delegates arriving late can ring the buzzer to the left of the administration door and a security person will let you in and issue your room key.

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.

CHILD CARE:

- Free child care is available for children of eligible delegates **during conference hours only**. An eligible delegate is a single parent, a parent **not** accompanied by a spouse/companion, or where **both** parents are delegates. **Please fax Child Care Reservation Forms directly to Laurie at the Unifor Childcare Centre in Port Elgin: (519) 389-3544.**

- **Note: Please remember to also send your reservation forms including your childcare reservation form to Reservations in Port Elgin with your payment.**
- Delegates requiring childcare **must pre-register by the Friday August 24th deadline** and include the attached childcare form with their registration. A late fee will be charged for last minute childcare registrations, if they can be accommodated.
- **Registration deadline is August 24th, 2018.** First come, first served.
- **EMAIL Reservation/childcare forms form to confcentre@unifor.org**
- Mail **REGISTRATIONS, CHEQUES** (2 separate) and **CHILDCARE FORMS** TO:
UNIFOR FAMILY EDUCATION CENTRE (*attention: Reservations*)
115 SHIPLEY AVENUE, Port Elgin, ON N0H 2C5
Reservation will be accepted **only with full payment.**
- Faxed reservations to the Centre at (519)389-3222 will not be accepted until **full payment** is received.
- Visa, Master Card and American Express are accepted.
- Cancellations must be made **in writing by e-mail or fax** at least 48 hours before the conference. If not, the Local will be billed for the first night.

AGENDA:

Attached, please find a copy of the agenda for this Conference. This will give you a detailed breakdown of what the National Recreation Conference will be offering. Please don't hesitate to contact me if further information is required.

In solidarity,

Tom Dattilo

TOM DATTILO
National Director
Recreation Department

TD/kocope343

cc: J. Dias, B. Orr, J. Ahn, D. Tveit, S. Wark, K. Fortier, S. Doherty, C. MacDonald
*National Representatives, *National Recreation Council, *Port Elgin Reservations, *Port Elgin
Childcare

Att. Registration Form / Child Care Form / Agenda

2nd National Unifor Recreation Conference AGENDA:

Friday, September 21st 2018

3:00 - 6:00 pm Registration: - IN SALON
5:30 - 6:30 pm Dinner
7:00 - 9:00 pm Plenary Session: A/B HALL

9:00 - 11:00 pm **Sport Theme:** Dress as your favourite athlete NICK'S BAR

*Prizes for Best Costume & Spot Dances (please come dressed up)

Saturday, September 22nd 2018:

6:00 - 9:00am Breakfast
9:00 - 9:45 am Plenary in A/B Hall: (Guest Speakers)
10:00 - 11:30 am Council Breakouts:

(People who belong to Regional Councils can attend Regional Council Meetings)

*Those who do not belong to Regional Councils, should attend The Workshop:

- How to set up a Recreation Committee
- How to run a Recreation event
- How the Regional Committees work

11:30 - 12:30 pm Lunch
12:30 - 4:00 pm Activities:
(Euchre, Crib, Texas Hold-Em)
12:30pm Tee Off Golf (at Saugeen)
5:30 - 7:00 pm Dinner
7:00 - 8:00pm Three Pitch Baseball (bring your glove)
8:00 - 9:00pm Awards in Main Hall
9:00pm - 12:00am Karaoke Nick's Bar

Sunday, September 23rd 2018:

6:00 - 9:00am Breakfast
9:00 - 11:00 am Plenary in A/B Hall
11:00 - 12:00pm Lunch

RESERVATION FORM

Unifor Family Education Centre

115 Shipleigh 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: _____



UNIFOR CHILD CARE SERVICES REGISTRATION FORM

Unifor Family Education Centre 115 Shipley Avenue, Port Elgin, Ontario NOH 2C5
Telephone: (519) 389-3233 Fax: (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