



REGISTRATION

PLEASE PRINT

I am registering as (check one):

Delegate Alternate (1st, 2nd, 3rd) Observer Guest

Please indicate which of the following you will be attending from:

Area Council	<input type="checkbox"/>	Equal Opportunities Committee	<input type="checkbox"/>	Human Rights Committee	<input type="checkbox"/>
National Aboriginal Peoples' Circle	<input type="checkbox"/>	National Officer	<input type="checkbox"/>	Prairie Region Council	<input type="checkbox"/>
Regional Aboriginal Peoples' Circle	<input type="checkbox"/>	Regional Women's Committee	<input type="checkbox"/>	Local/Branch (please specify #):	<input type="checkbox"/> _____

CONTACT INFORMATION

Name _____

Street address _____

City _____

Province _____

Postal Code _____

Phone (Cell) _____

(Home) _____

(Work) _____

Email (personal email only) _____

PSAC ID # _____

Local _____

Component/DCL _____

Twitter username (if applicable) _____

Instagram username (if applicable) _____

VOLUNTARY SELF-IDENTIFICATION

The PSAC is committed to ensuring that conferences, conventions and programs are accessible to all members. The information requested in this section will help us assess our success in reaching members who belong to groups identified in the PSAC Human Rights Policy. All information will be kept confidential. Please choose all that apply.

I am an Aboriginal person (Métis/First Nations/Inuit)

I am a racialized person (by virtue of your race or colour, in a racially visible minority in Canada)

I am a person with a disability (any persistent or permanent physical, mental, psychiatric, learning or sensory impairments, as recognized under the Canadian Human Rights Act)

I am a gay/lesbian/bisexual/trans person (GLBT)

I am a woman

I am a young worker (under the age of 31)

OFFICE USE ONLY					
Registration fee rec'd	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cheque # _____
Subsidy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date Rec'd _____
				Amount _____	Cheque # _____ RO



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TOGETHER

DELEGATE CERTIFICATION

This section is to be completed by the Local/Branch President; PSAC Prairies Committee or Area Council Chairperson/Officer who is certifying that the above named member has been duly authorized as a delegate/alternate from their body to Convention.

Name of Officer

Position held by Officer

Local/Committee/Area Council/Component the delegate represents

I certify that the above named member is entitled to serve as a delegate/alternate to the 6th Triennial Convention of the PSAC Prairie Region.

Signature