

**REGISTRATION/CREDENTIAL FORM**

**Please Print or Type**

**I am registering as:  
(check one)**

**Delegate**

**Alternate**   
**1<sup>st</sup>, 2<sup>nd</sup>, etc**

**Observer**

**Guest**

**Please indicate from which of the following:**

**Local/Branch:**

**Component:** \_\_\_\_\_  
**Local/Branch Number:** \_\_\_\_\_

**National Officer:**

**Prairie Region Council:**

**Area Council:**

**Regional Women's Committee:**

**Equity/Human Rights Committee:**

**National Aboriginal Peoples' Circle Representative:**

**Equal Opportunities Committee Representative:**

**Personal Information:**

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ PR: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: (W) \_\_\_\_\_

(H) \_\_\_\_\_

(C) \_\_\_\_\_

Email: (H) \_\_\_\_\_

(W) \_\_\_\_\_

**Convention Documents**

- Electronic format
- Printed format

**Voluntary Self-Identification**

*(for internal PSAC record purposes only)*

- Women
- Racially Visible
- Aboriginal, Métis and/or Inuit
- Persons with Disabilities
- Gay/Lesbian/Bisexual/Transgender
- Youth

**DELEGATE CERTIFICATION**

**This section is to be completed by the Local/Branch President; PSAC Prairies Committee 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/Component the delegate represents

*I certify that the above named member is entitled to serve as a delegate/alternate to the 5<sup>th</sup> Triennial Convention of PSAC Prairies.*

\_\_\_\_\_  
**(Signature & Position)**

**Please return the completed form (by January 26<sup>th</sup>, 2011) by Fax to  
204-943-0652 or by mail or courier to:**

PSAC Prairie Convention Registration  
Suite 460 – 175 Hargrave Street Winnipeg MB R3C 3R8

**Office use only:**

Registration fee received:    Yes    No    Cheque number: \_\_\_\_\_    Date Rec'd: \_\_\_\_\_

Subsidy:    Yes    No    Amount: \_\_\_\_\_    Cheque number: \_\_\_\_\_    RO # \_\_\_\_\_