



# CUPW

## PRAIRE REGION

### Spring Education Seminar

**Date:** April 24 - 29, 2012

**LOCATION:** Lakeview Resort & Conference Centre  
Gimli, Manitoba

#### **COURSE OFFERED:**

##### **ADVANCED SHOP STEWARD**

This course is designed to help existing Shop Stewards with their skills in grievances, meeting with the Employer, quality of work life, dealing with difficult members, dealing with power, meeting new employees and leading the membership on the work floor. It will provide leadership opportunities; develop communication and shop floor organizing skills.

Interested members should be aware that there will be some evening sessions and that all sessions are mandatory. To protect those participants with fragrance sensitivities please refrain from wearing fragrances or scented products. Participants are expected to share accommodations.

Please have your registration forms into the Local Union Office by 5 p.m. on March 8, 2012

For more information please call the Union Office at 403 -730 – 7018.

Robert Laliberte,  
Secretary Treasurer  
Calgary Local

**CANADIAN UNION OF POSTAL WORKERS  
PRAIRIE REGION**



**\*\* Registration for Educational \*\***

Event: 2011 Fall 5 Day Educational // Lakeview Resort, Gimli, MB

Date: April 24 to 29, 2012

Course Offered: Advanced Shop Steward

Name of Local:		Classification:	
Name:		Sister <input type="checkbox"/> Brother <input type="checkbox"/> Equity Seeking Group <input type="checkbox"/>	
Address:	City:	Prov:	P/C:
Home Phone:		Work Phone:	
Email Address:			
Emergency Contact:		Phone:	
<b><u>ACCOMMODATION:</u></b>			
All accommodations are guaranteed. It is the responsibility of the participant/Local to notify the Regional Office of any cancellations, prior to 2:00 pm on the scheduled day of arrival at the hotel. <b>All "no show" room charges will be submitted to the participant/Local for payment.</b>			
Smoker: <input type="checkbox"/>		Non-smoker: <input type="checkbox"/>	
Share: <input type="checkbox"/>		with: _____	
<b><u>TRAVEL:</u></b>			
Costs associated with cancelled air travel will be billed to the Local unless otherwise arranged.			
Transportation: Air: _____			
Seat preference: _____			
Bus: _____			
<b>** IMPORTANT: Please print name as it appears on picture ID for airline ticket purpose. **</b>			
_____			
Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that we should be aware of.			

*By signing below I indicate I understand that if my application is accepted to attend this Educational Seminar and I am unable to attend I will be held responsible for any nonrefundable costs incurred and any "no-show" costs associated with non attendance*

\_\_\_\_\_  
**Signature of Local President**

*(MUST BE SIGNED OR WILL NOT BE ACCEPTED)*

\_\_\_\_\_  
**Signature of Applicant**