



EDUCATION REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME: _____ **MEMBER ID #:** _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

REGION: _____

TELEPHONE: () _____

E-MAIL ADDRESS: _____

EMPLOYER AGENCY: _____ **Local:** _____

WORKSHOP: _____

WORKSHOP LOCATION: _____

Are you on the executive of your local or bargaining unit leadership team?

Yes No

If yes, what position? _____

Have you notified your local coordinator or bargaining unit president or their designate about your participation in this training?*

Yes No

*** Please note: Reimbursement (if any) to the participant by the local for Meals, Accommodation, Salary and Travel (MAST) will be provided only if pre approved by the Local Coordinator in accordance with Local Policy and Local Budget. Therefore please contact your Bargaining Unit President who will discuss with your Local Coordinator if any funding by the Local is necessary. Leaders should also be aware of your education experience as they develop succession plans.**