

March 24, 2011

## CAW Transportation Sector Local Union Presidents & Recording Secretaries

Greetings!

### *CAW Transportation Conference September 23-25, 2011*

This call letter will announce the CAW Transportation Conference, scheduled for September 23 to 25, 2011 at the CAW Family Education Centre in Port Elgin. The Conference will convene at 2:00 pm on Friday, September 23<sup>rd</sup> and will conclude at noon on Sunday, September 25<sup>th</sup>, 2011.

The conference will include workshops and plenary sessions on various transportation issues, including political action. One of the key components of the Conference will be a review and endorsement by the delegates of a National Transportation Policy for the CAW. The policy will then be moved to the National Executive Board and to CAW Council for final endorsement. The current policy has been in place since 1992 and clearly needs updating, as our growth in this sector has been significant.

*The Conference is applicable to those members who are in the Transportation Sector, both the manufacturing and operation of transportation vehicles.*

I am urging Local unions to send full delegations to the Conference, including recognizing the diversity of the union.

As we are expecting solid participation, registration for the conference will close on Monday, August 22. Attached is the Family Education Centre Registration Form and Child Care Form.

In Solidarity,



Ken Lewenza  
National President  
KL/RC/kw:cope.343

cc: Front Office, NEB, Communications and National Representatives (Transportation Sector),  
Area Directors, Department Heads and Research

You will need to **fully complete** and submit the following forms:

**Reservation Form and payment** (for on-site accommodations) Fax to Reservations (519) 389-3222 or e-mail to [confcentre@caw.ca](mailto:confcentre@caw.ca) or mail to CAW Family Education Centre, 115 Shipley Avenue, Port Elgin, ON, N0H 2C5

**Childcare forms** (one per child, if childcare is required) Fax to Laurie Wright – CAW Childcare Port Elgin (519) 389-3233

Please make every effort to send delegates (both leadership and benefit representatives) to this important conference.

### **REGISTRATION INFORMATION**

If paying by cheque, please forward two separate cheques to the Family Education Centre, one for the conference registration fee and one for accommodation costs, as follows:

**Conference Registration Fee = \$60.00** A separate cheque or credit card # for the registration fee of \$60.00 is required to cover costs of the conference kit materials.

**Accommodation costs** at the CAW Family Education Centre are as follows:

***If paid by the local:***

|                                   |                       |
|-----------------------------------|-----------------------|
| Shared room with another delegate | \$370.00 per person   |
| Single room with spouse           | \$930.00 per couple   |
| Single room                       | \$520.00 per delegate |
| Over 16 years old                 | \$100.00 per person   |
| Children (12 to 16 years)         | \$ 50.00 per child    |
| Children (under 12 years)         | - No charge -         |

***Please note, if family rate is being paid for by the individual rather than by the local or the organization, the local will pay single rate and the following rates will be applicable to be paid by delegate.***

|                                       |                        |
|---------------------------------------|------------------------|
| <b><i>Spouse or child over 16</i></b> | <b><i>\$113.00</i></b> |
| <b><i>Child 12-16 years</i></b>       | <b><i>\$56.50</i></b>  |

***All rates quoted above are based on 2 nights accommodation, (beginning with dinner on September 23, up to and including lunch on September 25, 2011.***

**All room and board fees must be paid in advance by cheque, Visa or Master Card.** Cheques are to be made payable to the "**CAW Family Education Centre**" and mailed along with the enclosed reservation forms directly to the CAW Family Education Centre, R. R. #1, Port Elgin, Ont., N0H 2C5, Attn: Reservations.

**If you wish to pay by credit card please include expiry date on the form.** OR call the Centre, toll free 1-800-265-3735 or at (519) 389-3200 and give your credit card number and expiry date.



# RESERVATION FORM – DEMANDE DE RÉSERVATION

CAW FAMILY EDUCATION CENTRE/ CENTRE FAMILIAL D'ÉDUCATION DES TCA  
R.R. # 1, Port Elgin, Ontario N0H 2C5 1-800-265-3735 FAX : (519) 389-3222  
confcentre@caw.ca www.caw.ca/portelgin

Conference / Conférence: \_\_\_\_\_

Arrival Date : \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Date d'arrivée : \_\_\_\_\_ Date de départ : \_\_\_\_\_

Name: \_\_\_\_\_ (M) \_\_\_\_\_ Local Union: \_\_\_\_\_  
Nom: \_\_\_\_\_ (F) \_\_\_\_\_ Section locale: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
Adresse: \_\_\_\_\_ Ville: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_  
Province: \_\_\_\_\_ Code postal: \_\_\_\_\_ Téléphone : ( ) \_\_\_\_\_ Cellulaire : \_\_\_\_\_

Email : \_\_\_\_\_ Emergency Contact Tel. # : \_\_\_\_\_  
Courrier électronique : \_\_\_\_\_ # Tél. en cas d'urgence : \_\_\_\_\_

If single accommodation is required, approved by: \_\_\_\_\_  
Si pour personne seule, approuvé par : \_\_\_\_\_ Title/titre \_\_\_\_\_

Will you be accompanied by your spouse/partner and/or children; and if so, will it be paid by the Local? Yes \_\_\_\_\_ No \_\_\_\_\_  
Serez-vous accompagné de votre conjoint(e)/partenaire et/ou vos enfants; et sera-t-il payé par la Section locale? Oui \_\_\_\_\_ Non \_\_\_\_\_

Spouse/Partner / Conjoint(e)/Partenaire Yes/Oui \_\_\_\_\_ No/Non \_\_\_\_\_  
Name/Nom \_\_\_\_\_

Children/Enfant(s) Yes/Oui \_\_\_\_\_ No/Non \_\_\_\_\_  
Name/Nom \_\_\_\_\_ D.O.B./D.D.N. \_\_\_\_\_ Name/Nom \_\_\_\_\_ D.O.B./D.N.N. \_\_\_\_\_

Name/Nom \_\_\_\_\_ D.O.B./D.N.N. \_\_\_\_\_ Name/Nom \_\_\_\_\_ D.O.B./D.N.N. \_\_\_\_\_

Is childcare required? Aurez-vous besoin des services de garderie? Yes/Oui \_\_\_\_\_ No/Non \_\_\_\_\_  
If yes, please complete childcare form in its entirety and send with reservation form. Si oui, veuillez remplir au complet le formulaire d'inscription de garderie et retourner avec la demande de réservation.

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Êtes-vous fumeur? Oui \_\_\_\_\_ Non \_\_\_\_\_

**SPECIAL REQUIREMENTS :** i.e., diet, handicapped room, medical, etc. Yes \_\_\_\_\_ No \_\_\_\_\_  
**EXIGENCES PARTICULIÈRES:** i.e., diététiques, chambre pour handicapé, médicale, etc. Oui \_\_\_\_\_ Non \_\_\_\_\_

If so, what? \_\_\_\_\_  
Si oui, quels sont ces besoins? \_\_\_\_\_

## METHOD OF PAYMENT

**Local** - method of payment: Cheque: \_\_\_\_\_ M/C \_\_\_\_\_ Expires /Date d'expiration: \_\_\_\_\_

**Section locale** - modalités de paiement: Chèque: \_\_\_\_\_ Visa \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_

**Please circle which one applies to the Credit Card :** Personal \_\_\_\_\_ Company \_\_\_\_\_ Local \_\_\_\_\_  
**Encerclez l'option qui s'applique à la carte de crédit :** Personnelle \_\_\_\_\_ Compagnie \_\_\_\_\_ Section Locale \_\_\_\_\_

**Cardholder Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
*I agree to be personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of the invoice. J'accepte d'être personnellement responsable au cas où l'organisation, la personne, l'entreprise ou l'association mentionnée ci-dessus négligerait de payer une partie ou la totalité du montant facturé.*

*The Centre assumes no responsibility for loss of money, jewels or other valuables. We are not responsible for articles left in rooms or automobiles. Le Centre n'accepte aucune responsabilité pour des pertes, d'argent, de bijoux ou d'autres objets de valeur. Nous ne sommes pas responsables des articles laissés dans les chambres ou dans les automobiles.*

**Guest signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Signature du visiteur :** X \_\_\_\_\_

**CHECK-IN/ENREGISTREMENT: 3h 00 – CHECK-OUT/ DÉPART: 11h 00**  
**NO PETS ALLOWED. ANIMAUX INTERDITS.**

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**CAW COMMUNITY CHILD CARE AND DEVELOPMENTAL SERVICES INC.**

C.A.W. Road 25, R.R. # 1, Port Elgin, Ontario NOH 2C5 Telephone: (519) 389-3233 Facsimile: (519) 389-3544

**PEL PROGRAMS AND CONFERENCE CHILD CARE REGISTRATION FORM**

PEL Program/Conference: \_\_\_\_\_, Dates: \_\_\_\_\_.

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
Full Name

Address: \_\_\_\_\_  
Street & Number City Province Postal Code

Male: \_\_\_\_\_ Female: \_\_\_\_\_ 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 currently under a Doctor's care? (If "yes", please describe): Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 have any dietary restrictions? If yes please list/explain: 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 special needs such as but not limited to ADD, ADHD, Autism, Aspergers 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 CAW Child Care facility?

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 CAW 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 CAW Community Child Care & Developmental Services Inc., to hospitalize and/or secure proper treatment for your child?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

The CAW Child Care & Developmental Services, Inc. are high profile programs. Do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or CAW Public Relations?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date