

Return to: P.S.A.C. Regional Office  
#200-5238 Joyce Street  
Vancouver, BC V5R 6C9

Phone: (604) 430-5631/1-800-663-1655  
Fax: (604) 430-0451  
Website: www.psacbc.com

*If you do not get a reply or message from us within a few days of your sending this course application (which indicates that it has been received), please call the office or send us a note asking that we confirm that it has been received. Thank you.*

## **WEEKEND COURSE REGISTRATION FORM**

Course(s) Applied for:

Course Date(s) & Location(s):

Facing Management	<input type="checkbox"/>	_____
Grievance Handling	<input type="checkbox"/>	_____
Health and Safety Course	<input type="checkbox"/>	_____
Local Officers Seminar	<input type="checkbox"/>	_____
Talking Union Basics (TUB)	<input type="checkbox"/>	_____
Understanding & Intepreting the C.A. (UICA)	<input type="checkbox"/>	_____
Convention Procedures	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

**NAME:** \_\_\_\_\_  
(Last name) (First name)

**ADDRESS:** \_\_\_\_\_  
Postal Code

**EMAIL:** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**COMPONENT/LOCAL#** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **PSAC MEMBERSHIP#** \_\_\_\_\_

(If you don't know your number, please obtain it from your Local Executive as we need to confirm your union membership - only union members in good standing are eligible to attend union courses.)

**Please indicate which Collective Agreement you fall under:**

PA, SV, TC, EB, FB, Airport, CFIA, CMHC, CPC, CRA, Nordion, Purolator, Parks, Other \_\_\_\_\_

**I WILL BE CLAIMING LOSS OF SALARY:** YES  NO  (If claiming, I will provide a shift schedule)