

September 9, 2011

**To: Local Union Presidents and Recording Secretaries (except Quebec)  
Chairpersons - Local Education Committees, Union & Politics Committees  
Human Rights Committees, Local Women's Committees, CAW Discussion Leaders**



## **CAW Education Conference “Building the Union through Education”**

Greetings!

We are pleased to announce our **CAW Education Conference will be held at the CAW Family Education Centre in Port Elgin from October 28 to 30, 2011.**

The theme of this conference is **“Building the Union through Education.”**

It has been two years since our last Education Conference and in that time the union movement continues to face significant challenges. At this year's conference we will consider the role of education in building and strengthening our locals for the challenges ahead.

Through a combination of workshops, plenary and creative activities, the delegates will have an opportunity to organize, strategize and build networks for building the union through education.

Every local is encouraged to send their full compliment of delegates, education committee members and education activists.

The conference will begin Friday evening and conclude Sunday at noon. Registration will take place from 4:00 to 6:00 pm on Friday evening. The conference will open at 7:00 pm, following dinner.

The registration fee is **\$75.00 per delegate** and the room and board rates for the conference are as follows: [please note: **two cheques must accompany the reservation forms** -- one cheque for registration (\$75.00 per delegate) and a separate cheque for the total cost of room and board for all delegates.]:

Shared Room (with another delegate)	\$370.00 per delegate
Single Room (one person in room)	\$520.00
Single Room with Spouse	\$620.00
Child 17 and older	\$100.00
Child 12-16 years old	\$ 50.00
Child 11 and under	no charge

In the case where the local union is not paying the charges up front, or individuals are responsible for the payment of the partner/child portion, 13% HST will apply to costs above. Costs would therefore be:

Shared Room (with another delegate)	\$418.10 per delegate
Single Room (one person in room)	\$587.60
Single Room with Spouse	\$700.60
Child over 16 years old	\$113.00
Child 12-16 years old	\$ 56.50
Child 11 and under	no charge

All rates include two nights' accommodation and meals (starting with dinner on Friday, up to and including lunch on Sunday).

**Deadline for registration is FRIDAY, OCTOBER 14<sup>TH</sup>, 2011.** Registration forms should be sent directly to the CAW Education Centre, as indicated below. An early registration will assist us in planning this conference.

**Reservations/ Accommodations** at Port Elgin will only be made upon receipt of the registration fee and room and board (paid in advance by cheque or Visa). All outstanding room and board fees will be the responsibility of the local union delegates.

Cheques are to be made payable to the *CAW Family Education Centre* and mailed along with the enclosed delegate reservation form directly to:

CAW Family Education Centre  
R.R.#1, Port Elgin, Ontario  
N0H 2C5  
Attention: Reservations

All registrations for the Conference and accommodation at the CAW Family Education Centre will be handled on a first come, first served basis. In order to participate in the Conference, delegates must have accommodations at the Centre. If the Centre is fully booked, alternative arrangements should be arranged by your local union.

**Late check-in** The Administration Office is open until 10:00 pm. Delegates arriving after can ring the buzzer to the left of the door and a security person will let you in and issue a key.

**Grey Bruce Airbus** arrangements can be made directly at 1-800-361-0393 or 1-519-389-4433 for those delegates who require transportation to and from the Toronto airport.

**Child Care facilities - child care for children 12 years of age and under is available at no cost for eligible delegates during conference hours only.** An eligible delegate is a single parent, a parent not accompanied by a spouse/companion, or where both parents are delegates. Children aged 13 through 16 cannot attend, unless they are accompanied by the spouse/partner of a conference delegate. There is no teen program offered during this conference. **Delegates requiring child care must pre-register by Friday, OCTOBER 14, 2011. The child care form is to be faxed directly to the Child Care Centre at 519-389-3544.**

Child Care registration forms received after the deadline may result in disappointment and will only be considered upon the cancellations of registrations received before the deadline. **A \$25.00 late fee applies to any registration that is received after the deadline if we are able to accommodate the child care request.**

We look forward to working with education activists from across our union at the 2011 Education Conference.

In solidarity,



**LISA KELLY**  
Director of Education  
CAW-Canada

cc: Ken Lewenza, Peter Kennedy, Assistants, Dean Fowler  
National Representatives (except Quebec)  
NEB Members, CAW Council Human Rights Committee, CAW Council  
Women's Committee

Enc.

lk:mb:cope343



# 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](mailto:confcentre@caw.ca) [www.caw.ca/portelgin](http://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.**

# 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

## FAMILY EDUCATION PROGRAM CHILD CARE REGISTRATION FORM

Conference: CAW EDUCATION CONFERENCE Dates: OCTOBER 28 - 30, 2011

### CHILD INFORMATION

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

Full Name

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

Street & Number

City

Province

Postal Code

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

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: Yes:  No:

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