

MEMORANDUM

Date: FEBRUARY 26 2014
To: REGION 2 LECs
Re: REGION 2 POLITICAL ACTION CONFERENCE
SATURDAY MARCH 22, 2014

Delta Meadowvale
6750 Mississauga Road – just south of the 401
Mississauga, ON
Phone: 1-800-422-8238 Fax: 1-905-542-4036

Room rates: Double/single \$109.00 plus taxes
Shared with another member \$54.50 plus taxes

Friday	7:00 pm	Meet & Greet / Hospitality
Saturday	9:00 am to 9:15 am	Opening Remarks
	9:15 am to 4:00 pm	Presentations and Discussion

What you need to do:

- a) Complete the necessary forms and return to the **Owen Sound Regional Office:**

Before: **March 14, 2014**
Fax: 1-519-371-4961
Mail: 100-1717 2nd Ave East, Owen Sound ON N4K 5N8
Email: wwilliams@opseu.org

- b) **Call/fax the hotel** and book your room **before, March 7, 2014.** **Please do not wait for conference confirmation to book your hotel.**

REGION 2 POLITICAL ACTION CONFERENCE MARCH 22ND, 2014



Are you an OPSEU activist who believes we must organize and train now to be prepared for a potential 2014 provincial election? Do you want to ensure the right people are elected so that good jobs and our economy are protected?

OPSEU members' participation in provincial politics will be more important than ever in the year ahead. Regional Political Action Conferences are being held in each of OPSEU's seven regions. **This is your chance to develop key skills that could lead to important campaign positions in the run up to the 2014 elections.**

WHAT: Region 2 Political Action Conference
WHERE: Delta Meadowvale
WHEN: Friday March 21st (7-11pm)
& Saturday March 22nd (9am-4pm)

KEY SESSIONS:

The Economic and Political Context for OPSEU members in 2014
What's Involved in Election Campaigning?
Building Networks for Local Action
Social Media in the Electoral Battleground

This special conference is designed to lay the foundation for participation in upcoming political campaigns by building skills, removing barriers, and developing plans for effective grassroots action in 2014.

Please complete the attached application form to be considered for this important conference.

Your Region 2 Board Members:

Eddie Almeida
Lucy Morton
Deb Tungatt, RVP

**REGION 2 POLITICAL ACTION CONFERENCE
APPLICATION FORM
March 22, 2014
(Page 1 of 2)**

Local _____ Union # _____

Name _____

Street _____

City _____ Postal Code _____

Phone # home _____ work _____

SECURE EMAIL ADDRESS: _____
(PLEASE PRINT CLEARLY. . . THANK YOU)

Accounting Purposes:

Advance: amount required \$ _____ mail to home deliver to Conference

IF ADVANCE IS REQUESTED - Approved by Local Officer: _____

Other forms attached: Child care Accommodation Request

LOST WAGES: LOST WAGES WILL BE COVERED

Mail to:	OPSEU, 100-1717 2nd Ave East, Owen Sound ON N4K 5N8
or	Fax to: 1-519-371-4967 or Email: wwilliams@opseu.org
	<u>By March 14th, 2014</u>

A buffet style lunch will be provided on Saturday. Please indicate any dietary restrictions using the attached Human Rights Accommodation Form.

ALLOWABLE EXPENSES

Meal Expenses

\$12 breakfast, \$17 lunch, \$27 supper

Hotel Accommodation

Members are reimbursed for the shared cost of accommodation – \$54.50 + taxes (1/2 the cost of the room) and are responsible for making their own reservations and for paying the full cost of the room at checkout.

Parking costs are reimbursed – Overnight parking can be added to your hotel bill. Provide the registration desk with your license plate number

Cancellations

The Regional Office must be notified 48 hours in advance. Members who have booked a hotel room are responsible for canceling their reservations at the hotel within the time limits as stated by the hotel when the booking is made. Child care requires 24 hours notice of cancellation.

Accommodation Requests

Complete the appropriate form enclosed if you require an accommodation to attend the conference.

Advance Cheques

Applicants may arrange to receive an advance cheque to cover accommodation, mileage and meal expenses by filling out a dollar amount on the request for an advance portion of the application form.

NOTE: Advances are not given for lost wages.

Travel Expenses

Round-trip mileage at the rate of
50 cents per kilometer
55 cents with 1 passenger
60 cents with 2 passengers
65 cents with 3 passengers
70 cents with 4 passengers

OPSEU Policies

NO

Fragrances

Nuts & Nut Products

Bottle Water

Coca-Cola Products

Persons attending OPSEU events are to refrain from using perfume, cologne and other fragrances for the comfort of other participants.

Participants are also to refrain from bringing nuts and nut products, bottled water and Coca-Cola products to OPSEU events.

Child/Family/Dependent Care

Complete the appropriate form enclosed if you require Child/Family/Dependent Care to attend the conference.



Child/Family/Attendant Care

Family Care (Child/Elder/Dependent)

When you bring children with you

Child care will be provided at the regional conference. Members must register for child care two weeks in advance of the event by completing the form and returning it to the **Owen Sound Regional Office**.

In accordance with OPSEU POLICY:

1. Members who bring children to union events will be entitled to single accommodation and meal expenses.
2. The meal allowance for children under 12 years of age (before their 13th birthday) is 50% of OPSEU's standard meal allowance.
3. All children (16 years or younger) accompanying the member must be pre-registered and signed in at the daycare. If the child(ren) is not signed in and attending, single accommodation and meals will not be honoured.

CANCELLATION MUST BE DONE WITHIN 24 HOURS

When care is provided in your home

Members will be reimbursed for family/dependent care at \$6.00 per hour for a maximum of 12 hours, plus the overnight rate of \$40.00, to a maximum of \$112.00 per 24 hour period. Overnight rate covers between 12:00 to 8:00 am. Please specify hours claimed for each day.

Members are entitled to reimbursement of reasonable costs of family/dependent care provided by someone other than their partners/spouses as a result of absences from home arising from the conduct of union business. Such allowances are not intended to reimburse members for family/dependent expenses that they would have normally incurred as a result of employment, except where the absence exceeds the normal work day or week.

Claims must be signed by the service provider and may be verified by Head Office before payment is made.

**REGISTRATION FORM FOR CHILD CARE
REGION 2 POLITICAL ACTION CONFERENCE
March 22, 2014**

Note: This Form is to be completed when requesting child care that is provided by OPSEU on site/at home. The new Accommodation Request Form is only required to be completed if you have other child care needs.

Child care will be available at the hotel (room to be announced) starting at 7p.m. on Friday and 8:00 a.m. Saturday.

I REQUIRE CHILD CARE: AT HOME AT THE EDUCATIONAL

NAME	AGE

Does your child have any medical needs, allergies, or special care needs?

**HAVE YOUR CHILD BRING A FAVOURITE TOY
(Although we have lots of toys, books and crafts)**

Name of Parent:	_____
Address:	_____ _____
Phone #	(H)_____ (W)_____
Signature	_____ Date _____

****Please complete and bring the next page Child Care Consent Form with you to the Educational****

BRING THIS FORM WITH YOU TO CHILD CARE
****OPSEU Child Care Consent Form****

Date: _____

Child's Name: _____

Date of Birth: _____

Home Address: _____

Parent's/Guardian's Home Phone Number: _____

Parent's/Guardian's Cell Phone or Pager Number: _____

Hotel Room Number: _____

Course Name: _____

Course Room: _____

Alternate's Contact Name: _____

Alternate's Contact Cell Phone or Pager Number: _____

Medical Consent Form

Upon admission of my child to the OPSEU Childcare Program, I agree that in the event of an emergency when I cannot be reached, I authorize the administration of any medical procedures deemed necessary by a doctor or hospital selected.

Name of Doctor: _____

Address: _____

Telephone: _____

Health Card Number: _____

Signature of Parent or Guardian: _____



HUMAN RIGHTS ACCOMMODATION REQUEST

Event name: **Region 2 Political Action Conference**

Event Date: **March 22, 2014**

NOTE: This form is to be completed only if you are requesting an accommodation in accordance with the Ontario Human Rights Code. Sufficient information must be provided to prove the need for accommodation and to show a link to a code-related ground. If necessary, an Equity Unit Officer will contact you to obtain further information.

Member Name: _____ Local #: _____

Phone # for contact: _____ Home E-mail: _____

How do you prefer to be contacted? Phone: _____ E-mail: _____

1. Do you have an existing human rights accommodation approved by the Equity Unit? (**Check one.**)
 - a) YES and there are NO CHANGES IN MY NEED for accommodation _____
 - b) YES but there are CHANGES IN MY NEED for accommodation _____
 - c) NO, I have never been approved for an accommodation _____

NOTE: If you checked (a) above, you do not need to complete the rest of the form but the form still needs to be submitted. If you checked (b) or (c), please finish the form.

2. Please check **ALL** the Code-related grounds related to your request:

Disability (including food allergy) _____	Family status _____
Sex/gender (including pregnancy) _____	Creed or religion _____
Other (please specify) _____	

3. Why do you require a human rights accommodation (i.e. what are your restrictions or limitations)? Please be as detailed as possible.

NOTE: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.

4. Do you need a temporary or ongoing human rights accommodation? (Check one.)

Temporary need [Please specify expected duration: _____]
 Ongoing need

5. What type of human rights accommodation or additional arrangements do you require to allow you to participate fully in union-related activities? (e.g. material in alternate formats, interpreters, arrangements/expenses beyond those provided at the event or through OPSEU policy). Please be as detailed as possible.

6. Please provide any additional information that may assist us in reviewing your request. [Attach any relevant documents.]

Signature: _____ Date: _____

PLEASE FORWARD COMPLETED FORMS TO Wendy Williams BY FAX AT 519-371-4967 or BY E-MAIL wwilliams@opseu.org NO LATER THAN March 7th, 2014. Alternatively, this form may be sent directly to the Equity Unit at 416-448-7419 or via e-mail to equity@opseu.org.

NOTE: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.



HOTEL RESERVATION FORM

RE: MARCH 22, 2014 REGION 2 POLITICAL ACTION CONFERENCE

FAX TO: DELTA MEADOWVALE 1-905-542-4036

Accommodations should be booked NO LATER THAN: March 7th, 2014

Name _____

Street _____

City _____

Postal Code _____

Phone # Home _____

Work _____

Email _____

Delta Privilege Card # _____

Reservation Code:

Dates reservation requested for _____

Credit Card _____ Number _____

Expiry Date _____

Room requirements:

Single/double (\$109.00 + taxes)

Shared (\$54.50 + taxes)

Additional requirements: _____

(close to an elevator, etc.) **Note: All rooms are non-smoking.**

All information provided is for Delta Meadowvale use only and will be kept in the strictest of confidence.