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REVISED: DATE CHANGE

June 20, 2008

CAW Rail Local Union Presidents & Recording Secretaries

Greetings!

CAW Rail Conference September 12-14, 2008

This call letter will announce the CAW Rail Conference, **rescheduled** for September 12-14, 2008, at the CAW Family Education Centre in Port Elgin. The conference will convene at 2:00 pm on Friday, September 12th and will conclude at noon on Sunday, September 14th.

The conference will be organized around workshops and plenary sessions. We will be forwarding more information regarding workshop selections for pre-registration in the near future.

Attached is the Family Education Centre Registration Form, Child Care Form and other related information.

The conference is applicable to those members who are in the Rail Sector.

In Solidarity,

**BASIL "BUZZ" HARGROVE
President**

BH/RC/apf cope343 - Encls.

Copy: Front Office, National Staff Representatives Servicing Rail Sector, National Executive Board

Conference Registration - \$60

Every delegate must pay a \$60.00 Conference Registration Fee (by VISA, MasterCard or by separate cheque) to cover conference materials, etc. Please make the cheque payable to the CAW Family Education Centre and mail it with your registration/reservation forms and fees.

Accommodation and Meals

Delegates must stay at the Centre (**unless we advise that the Centre is full**). Rates are based on 2 nights accommodation commencing with dinner on Friday, up to and including Sunday lunch. The registration **DEADLINE is August 22**.

For those arriving Friday, September 12 to September 14 - if paid by the local:

Shared room with another delegate	\$378.00 per delegate
Single room with spouse	\$632.70 per couple
Single room	\$535.50 per delegate
Over 16 years old	\$ 97.20 per person
Children (12 to 16 years)	\$ 43.20 per child
Children (under 12 years)	- No charge -

** Does not include lunch on Friday – see Front Desk if lunch is wanted.

Please be advised that the Family Education Centre is completely booked Thursday evening. If you are coming in Thursday evening, please contact the Centre for availability at other area hotels.

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.

September 12-14	Spouse or child over 16 \$101.70
	child 12-16 years \$ 45.20
September 11-14	Spouse or child over 16 \$152.55
	child 12-16 years \$ 67.80

Child Care

Free child care is available for children of 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.

Delegates requiring childcare **must pre-register by August 22**. Include the attached child care form with the registration. Last minute child care registrations may result in disappointment if there is insufficient staff. A late fee applies.

Registrations, Reservations and Payments

Mail forms and cheques to: CAW Family Education Centre (attention: Reservations)
R.R. #1, CAW Road 25, Port Elgin, ON, N0H 2C5

OR

Fax along with VISA or MasterCard number and expiry date to (519) 389-3222 (attention: Reservations)

Please include:

- ✓ Separate cheque for conference registration fee (\$60 for each delegate).
- ✓ Registration/reservation form with separate cheque for accommodation and meals. Payments by the local union for a spouse or child are tax exempt but a payment made by an individual (e.g. for a child) must include 12% room taxes.
- ✓ Child care forms.

Preference goes to those registering by **August 22**. Reservations will be accepted only with **full payment**. Reservations can be faxed to the Centre at (519) 389-3222 but are only confirmed by receipt of payment by cheque, VISA or MasterCard. **Cancellations** must be in writing by mail or fax at least 24 hours before the conference. If not, the Local will be billed for the first night's accommodations.

Check-In can start **only at 3:00 pm** on the Friday. The Administration Office is open until 10:00 pm on the Friday. Delegates arriving after can ring the buzzer on the left side of the door and a security person will let you in and issue a key to your room.

Check-Out is before 11:00 am the day of departure.

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



RESERVATION FORM – DEMANDE DE RÉSERVATION

Please complete in full paying special attention to (*) sections. Failure to do so can result in **no reservations**. Return completed form **with payment** to:
 Veuillez remplir au complet portent attention aux sections marquée d'un (*); sinon vous risquez de **ne pas avoir de réservation**. Retourner immédiatement **avec paiement au** :

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

Conference / Conférence _____

Arrival Date: _____ Departure Date: _____
 Date d'arrivée: _____ Date de départ: _____

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

Name: _____ (M) Local Union: _____
 Nom: _____ (F) Section locale: _____

Address: _____ City: _____
 Adresse: _____ Ville: _____

Province: _____ Postal Code: _____ Telephone: _____
 code postal: _____ Téléphone: () _____

*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 Yes/Oui _____ No/Non _____ Name/Nom _____
 Conjoint(e)/Partenaire

Children/Enfant(s) Yes/Oui _____ No/Non _____

NO PETS ALLOWED.
AUCUN ANIMAL DOMESTIQUE N'EST PERMIS.

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

*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: Cheque: M/C _____ Local _____ Personal _____
 Modalités de paiement: Chèque: _____ Visa _____ Section locale _____ Personnel _____

Expires /Date d'expiration : (M) _____ (Y) _____

The **Centre** assumes no responsibility for loss of money, jewels or other valuables. We are not responsible for articles left in rooms or automobiles. I agree to be personally liable in the event that the indicted person, company, or association fails to pay for any part or the full amount of these charges./

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. 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.

Guest signature : _____ **Date :** _____
Signature du visiteur : X _____

CHECK-IN/ENREGISTREMENT: 3:00 P.M. – CHECK-OUT: 11:00 A.M.
 LE JOUR DU DÉPART, LES CHAMBRES DOIVENT ÊTRE LIBÉRÉES AU PLUS TARD À 11 HEURES DU MATIN.



CONFERENCE REGISTRATION FORM

Conference Name: _____ 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: _____

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 please list: Yes: _____ No: _____

Does your child suffer from any medical conditions such as allergies, asthma, disease or disabilities? If "yes", please list: _____

Is your child have any dietary restrictions? If yes please list/explain: Yes: _____ No: _____

Is your child physically able to take part in all program activities? Yes: _____ No: _____

If no, please list restrictions: _____

IMMUNIZATION RECORD

Date (yyyy/mm/dd) (aaaa/mm/jj)	Diphtheria	Polio	Pertussis	Coccyne	Tetanus	Hib	MM - M	MM - M + P	MM - M + P + V	MM - M + P + V + Hib	MM - M + P + V + Hib + Hepatitis B	MM - M + P + V + Hib + Hepatitis B + Meningococcus	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles + Varicella	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles + Varicella + Zoster	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles + Varicella + Zoster + HPV	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles + Varicella + Zoster + HPV + MMR	MM - M + P + V + Hib + Hepatitis B + Meningococcus + Rotavirus + Shingles + Varicella + Zoster + HPV + MMR + Tdap

* Hib - Haemophilus influenzae b
 - specify vaccine given: H=HibTITER™; A=Act-Hib™; P=Pedvax-Hib™; D=ProHibIT™; O=Other/Unknown
 - précisez le vaccin administré: H=HibTITER™; A=Act-Hib™; P=Pedvax-Hib™; D=ProHibIT™; O=autre/inconnu

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 can not 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: _____

Please note: Child Care Registrations must be received by CAW Child Care Services two weeks prior to the start of the conference. Failure to complete this process will result in a \$25.00 late registration fee payable by the parent/guardian upon arrival..

Signature of Parent/Guardian

Date