



# LEARNING & LEADING FOR LIFE

## Conference Registration Form

PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

### Participant Information:

Name: \_\_\_\_\_  
(please print)  
Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_  
Email: \_\_\_\_\_

### Union Role (please check all that apply)

- ☐ WHSC-qualified instructor  
☐ Full-time union H&S rep  
☐ Full-time union education rep  
☐ Union leader (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

Union (and local # if applicable): \_\_\_\_\_

If you are a WHSC-qualified instructor, please specify any language(s) you speak fluently other than English? \_\_\_\_\_

Do you want to receive WHSC electronic newsletters on this conference and other important health and safety issues and events?

☐ Yes ☐ No

### Sponsoring Union Information: (if applicable)

Contact Name: \_\_\_\_\_  
(please print)  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Union (and local # if applicable): \_\_\_\_\_  
City/Province: \_\_\_\_\_  
Phone No./Extension: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

### Conference Information:

**Plenary and workshops:** Friday, June 24, 2016, 9:00 a.m. to 4:00 p.m. and Saturday, June 25, 2016, 9:00 a.m. to Noon  
(note breakfast will be served beginning at 8:00 a.m.)

**Location:** Toronto Don Valley Hotel, 175 Wynford Drive, Toronto, Ontario  
Reservations can be made by calling their reservation department at 1-877-474-6835 or  
email [reservations@tdvhotel.com](mailto:reservations@tdvhotel.com) and reference 'WHSC **Learning & Leading for Life** Conference 2016'  
group block of \$109/night (plus HST), single or double occupancy.

**Cost:** \$50.00 (includes HST)

*Registration includes breakfast, lunch and refreshment breaks on both days.*

### Payment Options: (please note we prefer payment by credit card)

1. Cardholder Name: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
CVV: \_\_\_\_\_ Expiry: \_\_\_\_\_ ☐ VISA ☐ MasterCard  
Month/Year

2. Cheque Number: \_\_\_\_\_  
Amount: \_\_\_\_\_  
☐ Enclosed, made payable to:

**Workers Health & Safety Centre**

Signature of Cardholder: \_\_\_\_\_ 3. ☐ Invoice my union \_\_\_\_\_

Fax form with credit card information to 416-441-0399, or scan and email to [adult\\_ed\\_conf@whsc.on.ca](mailto:adult_ed_conf@whsc.on.ca).  
If sending a cheque, please mail it with your registration to **WHSC Learning & Leading for Life Conference**,  
675 Cochrane Drive, Suite 710 East Tower, Markham, ON L3R 0B8.

WHSC Privacy Policy: Method of payment information gathered by this form is confidential. Other information gathered by this form may be shared, upon request, with the union in which the participant is a member.