



# Moving from pain to prevention: Taking action to prevent MSDs

## 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: \_\_\_\_\_

Preferred Contact No.:  Home  Work

JHSC Member:  Yes  No

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

### Work Environment (please check one)

Corrections or Care Facility

Educational Facility

Factory or Processing Plant

Hospitality or Retail Outlet

Mine or Construction Site

Transportation or Warehouse

Park/Out of doors

Office

Other (please specify) \_\_\_\_\_

### 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:

**Opening address:** Sunday, October 25, 2015, 7:00 p.m. to 9:00 p.m. (followed by reception)

**Plenary and workshops:** Monday, October 26, 2015, 9:00 a.m. to 4:30 p.m. (note breakfast will be served beginning at 7:30 a.m.)

**Location:** Sheraton Hamilton Hotel, 116 King Street West, Hamilton, Ontario  
Reserve your hotel rooms online: [www.starwoodmeeting.com/Book/WHSCandOHCOWConference2015](http://www.starwoodmeeting.com/Book/WHSCandOHCOWConference2015).  
Reservations can also be made by contacting their 24 hour, toll-free reservations line at 1-888-627-8161 and asking for the 'WHSC/OHCOW Conference 2015' group block of \$129/night — single or double occupancy.

**Cost:** \$85.00 (plus HST=\$96.05; includes opening night reception, breakfast, lunch and breaks on Monday)

**Target audience:** Worker health and safety activists and their union representatives

### 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 416-441-1043, or scan and email to [workers\\_ergo\\_conf@whsc.on.ca](mailto:workers_ergo_conf@whsc.on.ca). If sending a cheque, please mail it with your registration to WHSC/OHCOW Workers' Ergo Conference, 802-15 Gervais Drive, Toronto, ON M3C 1Y8.**