



SPRING 2026

APRIL 23-26, 2026

Harrison Hot Springs

Registration Deadline: March 6, 2026 – 5:00 pm.

COURSES OFFERED: - Health and Safety

- Basic Steward Course

- Mental Health in the Workplace - LCRMS – Know Your Route

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| Name of Local: Victoria 850 | |
| Name: | <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> They |
| HRID# | <input type="checkbox"/> Indigenous <input type="checkbox"/> Worker of Colour <input type="checkbox"/> LGBTQ <input type="checkbox"/> Differently Abled |
| Address: Postal Code: | |
| Phone #: | Email: |
| Work Schedule: (i.e. start and finish time and days off) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp | <input type="checkbox"/> Urban <input type="checkbox"/> RSMC <input type="checkbox"/> PSBU |
| Course applying for: 1 st Choice: | 2 nd Choice: |
| Emergency contact name: | Phone # |
| <p>Accommodation is being provided to all participants.</p> <p>All accommodations are guaranteed. It is the responsibility of the participant to notify the Regional Office of any cancellation 24 hours prior to accommodation has been reserved. Failure to inform the Regional Office will result in a “no show” room charge which will be submitted to the participant/Local for payment. DIETARY RESTRICTIONS:</p> | |
| <p>I will be travelling by: <input type="checkbox"/> Bus <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Air (special request): _____</p> <p>Birthdate (for air flight purposes)</p> <p>Travel arrangements will be made April 3, 2026. Any special travel requests must be in to Bethany Glover by April 1, 2026.</p> <p>Important: Please print name as appears on ID for airline ticket purposes:</p> <p>_____</p> <p>* All flight cancellation costs will be billed to the participant/Local.</p> | |

Please complete the following: (one form per participant) All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.

Signature of Local President

Signature of Applicant