cupw sttp

Pacific

FALL 2026 Education Seminars
November 19 – 22, 2026
Harrison Hot Springs
Local Registration Deadline: October 2, 2026–5:00 pm.

COURSES OFFERED: BASIC STEWARD COURS
MENTAL HEALTH IN THE WORKPLACE
SOLIDARITY SKILLS – CONFIDENCE IN CONFLICT

Please complete the following: (one form per participant)

Name of Local:	
Name: _____ **HRID#** _____	□Brother □Sister □They □Indigenous □Worker of Colour □LGBTQ □Differently Abled
Address: **City:**	**Postal Code:**
Phone #:	**Email:** □
Work Schedule: (i.e. start and finish time and days off) □Full-time □Part-time □Temp	□ Urban □ RSMC PSBU
Course applying for: 1st Choice:	2nd Choice:
Emergency contact name:	**Phone #**

Accommodation and Transportation:

Accommodation are being provided to all participants.

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: _____ _____

I will be travelling by: □Bus □Personal Vehicle □Air (special request): _____

Birthdate (for air flight purposes)_____ (Day-Month-Year)

I am willing to share accommodations □ Yes – Sharing with_____ □ No

Travel arrangements will be made **October 27, 2026. Any special travel requests must be in to Bethany Glover by October 23.**

Important: Please print name as appears on ID for airline ticket purposes:

_____

*** All flight cancellation costs will be billed to the participant/Local.**

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

How long have youbeen a CUPW Member?	0-4Years ☐	5-10 Years ☐	11-15 Years ☐	16-20 Years ☐	20+ Years ☐

Please list any involvement in your community.

(Labour or otherwise)

Briefly describe what interests you in the course(s) you are applying for.

How do you plan to apply what you will learn in this course as a Member of CUPW or in your community?

Once you have completed the course please attend a GMM to report back on your experience. If unable to attend in person, please send in a written report to be read out at the GMM.

I acknowledge this responsibility as an attendee to the education (please write your answer Yes/No):