

# OCHU-CUPE RPN Conference



ONTARIO COUNCIL OF HOSPITAL UNIONS



**March 4-6, 2024**

This registration form shall serve as notice that:

Local Union # \_\_\_\_\_ has elected the following members to attend and represent them at the Ontario Council of Hospital Unions-CUPE 2024 RPN Conference

**# OF DELEGATES:** \_\_\_\_\_  
\$260 per delegate

**AREA #:** \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Please make cheques payable to **OCHU**.

NAME	EMAIL

Submitted by Local Union # \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

Please mail or email this registration form to OCHU:

ATTN: Sharon Richer  
261 Gerrard Street East  
Toronto, ON M5A 2G1

Email: [admin@ochu.on.ca](mailto:admin@ochu.on.ca)