

OCHU-CUPE Annual Convention



ONTARIO COUNCIL OF HOSPITAL UNIONS



April 7-12, 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 Annual Convention

OF DELEGATES: _____ **AREA #:** _____
\$260 per delegate

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