

Local Issues Bargaining February 13-14, 2024

O C H U

ONTARIO COUNCIL OF HOSPITAL UNIONS

CUPE

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 Local Issues Bargaining Conference, 2024.

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