

Educational Workshop Series: *An Introduction to the CUPE Hospital Agreement*



ONTARIO COUNCIL OF HOSPITAL UNIONS



Sep 4-5, 2024 **Registration is limited!**

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 Educational Workshop

OF DELEGATES: _____ AREA #: _____
\$250 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 Email: admin@ochu.on.ca
261 Gerrard Street East
Toronto, ON M5A 2G1