

2010 Canadian Labour Congress Ontario Region
SUMMER SCHOOL REGISTRATION FORM

Please print and be sure to complete this form in its entirety as the rooms are pre-booked.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: (H) _____ (W) _____ (Union) _____

E-Mail Address: _____

Union: _____ Local: _____

Union Address: _____ Postal Code: _____

Course Selection:

First Choice: _____

Second Choice: _____

Special Requirements:

- I need a Special Access Room (no extra charge)
- I need wheelchair access
- I have a hearing impairment (TTY phone and special doorbell light)
- I have a visual impairment and need:
 - accommodation for a Seeing Eye Dog
 - large print materials
- I need a special diet (please specify) _____

Child minding Required? Yes No If yes, please indicate child's age: _____

Cost and Payment

- Shared room (\$875.00) Single room (\$1,175.00) Single room & spouse (\$1,440.00)

Registrations must be accompanied by payment. Make cheques or money orders payable to:
CLC Education Account and mail to:

#305 - 15 Gervais Drive, Don Mills, Ontario, M3C 1Y8

For further information, please contact the Ontario Regional office at 416-441-3710 Ext. 221 or 222, or 1-800-387-3500 or email: ontario-schools@clc-ctc.ca.

For Office Use Only

Receipt #: _____ Amount Paid _____

Date: _____