

2012 Canadian Labour Congress Ontario Region
WINTER SCHOOL REGISTRATION FORM

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

Name: _____

Gender: Male Female

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 prefer my room in a quiet area (limited numbers available)
- 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 need special diet (please specify) _____

Child Minding Required? Yes No

If yes, please indicate child's/children's age(s) and name(s): _____

Cost and Payment (including HST)

- Shared room (\$950.00) Single room (\$1,250.00) Single room with spouse (\$1,575.00)
- Room with Children (\$1,250.00) plus Child 12 - 16 add \$135, Child over 16 add \$325.

Childcare available only for children 12 and under.

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

#401 - 15 Gervais Drive, Don Mills, Ontario, M3C 1Y8

For further information, please contact the Ontario Regional office at 416-441-3710 Ext. 222 or 221, or 1-800-387-3500 or email: ontario@clc-ctc.ca or fax: 416-441-4073.

For Office Use Only

Receipt #: _____ Amount Paid _____

Date: _____