



ALBERTA UNION OF PROVINCIAL EMPLOYEES  
**HEALTH SECTOR  
CONFERENCE 2016**

**CHANGE IT UP!**

**JUNE 16-17, 2016**  
GREY EAGLE RESORT & CASINO, CALGARY, AB

**AUPE** 



ALBERTA UNION OF PROVINCIAL EMPLOYEES  
**HEALTH SECTOR  
CONFERENCE 2016**

**CHANGE IT UP!**

**CONFERENCE TOPICS**

Coping with Fatigue  
Humour in the Workplace  
Finding Balance  
Dealing with Change  
Boosting Morale

\*Subject to change based on Speaker availability

**OUT OF TOWN REGISTRATION:** JUNE 15, 6:00 - 8:00 PM  
**IN TOWN REGISTRATION:** JUNE 16, 7:30 - 9:00 AM  
**CONFERENCE OPENING:** JUNE 16, 9:00 AM

GREY EAGLE RESORT & CASINO  
CALGARY, AB

**APPLICATION** *Applications must be completed in FULL AND BE LEGIBLE or your application may be rejected.*

**DEADLINE:** To Locals: March 4, 2016 To AUPE: March 18, 2016

Mr.       Mrs.       Ms.

Name (Please Print)

Address

City/Town

Postal Code

Work Phone

Home Phone

Fax

Employer

City/Town

Postal Code

E-Mail

AUPE Member Number

Local/Chapter

## ACCOMMODATIONS

AUPE will make all accommodation arrangements. (Please note that AUPE pays for double occupancy only).

**Members must reside 100 kms or more away from the location offering the conference.**

### Dates Required:

Wednesday, June 15

Thursday, June 16

Other, please provide reason

### Please select one of the following:

No Accommodation Required

Double Accommodation – I would like to share accommodation with

Single Occupancy (I will pay the difference)

Single Occupancy (Local will pay the difference)

If Local is paying the difference for the single room, the **Local Chair must authorize by signing below:**

\_\_\_\_\_  
*Local Chair Signature*

Single Occupancy (Medical note)

If you have a medical condition that requires you to have a single room, you will have to provide a medical certificate. Please do not attach to the application, but send in a separate envelope marked "Confidential" to the attention of Kate Rogozinski. **Please note: medical notes only stay on file with AUPE for 2 years.**

I will be sending in my medical certificate

AUPE has my medical certificate on file

## DINNER

All Delegates, including those not staying at the hotel are invited to attend the Dinner Event on Thursday, June 16.

Taxi Reimbursement is available for Delegates not staying at the hotel.

Yes, I will attend the evening event

No, I will not attend the evening event

## TRAVEL

**AUPE delegates living further than 100 kms from the Grey Eagle Resort & Casino** will be assigned to bus travel. If you choose to drive your own vehicle, **NO MILEAGE OR ANY ADDITIONAL EXPENSES WILL BE PAID BY AUPE**, unless authorized due to acceptable extenuating reasons.

### Please select one of the following:

I live within 100 km

Please assign me to AUPE bus travel.

I choose to drive my personal vehicle and AGREE TO BE RESPONSIBLE FOR MY MILEAGE AND ANY ADDITIONAL EXPENSES. *Please sign* \_\_\_\_\_

## TIME OFF REQUIREMENTS

\* All information must be completed in order to provide time off form

Number of paid hours worked in a shift:

Hourly base rate of pay:

Wednesday, June 15, 2016

Thursday, June 16, 2016

Friday, June 17, 2016

Other

Day Shift

Day Shift

Day Shift

Day Shift

Evening Shift

Evening Shift

Evening Shift

Evening Shift

Night Shift

Night Shift

Night Shift

Night Shift

Please provide reason for Other:

Note: Attending seminars/conferences when you are on Worker's Compensation, Short or Long-Term Disability Insurance requires approval from your case worker. On a voluntary basis, advise if you are on any special type of leave.

WCB

GI/STD

LTD

OTHER

## SPECIAL NEEDS

Please indicate any special dietary needs, including being a vegetarian

Please indicate any disabilities, severe allergies, or medical requirements that we should be aware of.

**Please indicate if allergies are by contact or ingestion.**

## MULTI-MEDIA RELEASE

I, the undersigned, do hereby agree to allow the Alberta Union of Provincial Employees to produce and use images and/or recordings of me during the period noted below.

I agree to allow AUPE to use these images and/or recordings in AUPE publications and advertising, and on AUPE's website.

I will not seek any financial compensation for the use of any images and/or recordings, nor will I seek legal action against AUPE, its employees or agents for having these images and/or recordings used in AUPE publications, advertising or on AUPE's website.

I have read this release and understand its implications. I agree to the above terms.

Dated: June 15-17, 2016

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

## ACKNOWLEDGEMENT

Moderation when wearing scented products should be exercised by all members.

Note: No Pets, guests, spouses, or family members will be allowed to accompany participants during this seminar/conference

AUPE is not responsible for any costs outside of the June 15-17, 2016 dates.

\_\_\_\_\_  
Signature

## MEMBER SIGNATURE

I certify that all information provided in this application is truthful. By signing this application I am certain I am able to attend for the full duration of the seminar/conference and participate in all required sessions in a responsible and respectful manner.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## LOCAL TO COMPLETE

Each Health Sector Local may send 1 delegate per 500 members to be paid at AUPE expense. If your Local wishes to send more than their allotted delegates, they may do so, but at Local expense. If you have any additional members you wish to send at Local expense please assign them a number in order of preference (1 indicates first choice alternate). The number of alternates that will attend at Local expense will be dependent on the amount of space available.

**Local Chair, please select one of the below.**

- Designated Delegate to be paid at AUPE Expense
- Alternate # \_\_\_\_ (to attend at Local expense if not selected as a Delegate at AUPE expense)
- Alternate # \_\_\_\_ (only to attend at AUPE expense if selected)

**Local Chair, please sign below to indicate that the Local has read and accepted this application**

SIGN  
HERE

\_\_\_\_\_  
Local Chair Signature

Members send application to Local Chairs by March 4, 2016

**Local Chairs send applications to**

Kate Rogozinski, Conference Registrar, by March 18, 2016:

AUPE Headquarters  
10451-170 Street NW  
Edmonton, Alberta T5P 4S7

Toll-free: 1-800-232-7284  
Toll-free fax: 1-888-388-2873

[www.aupe.org](http://www.aupe.org)

15277  




\*Hoodie may not appear as shown.

## CONFERENCE HOODIES

All participants selected to attend the Health Sector Conference will receive a complimentary CHANGE IT UP! hoodie. Please mark your size below.

- S
- M
- L
- XL
- XXL
- XXXL
- XXXXL