

APPLICATION FOR NAPE WOMEN'S CONFERENCE 2015

Section A-Identification

Name: _____
Mailing Address: _____
Postal Code: _____ Phone #: _____
Work Location: _____ Work #: _____
E-mail: _____

Section B- NAPE Experience

Local # _____ Number of Years in Union _____
Position in NAPE Local _____
Other positions held _____

Section C- Conference Topic Selection

Because seating is limited please indicate by number your 1st, 2nd, and 3rd choice for the concurrent presentation of topics

- 1. WHSCC and the Claims Management Process _____
- 2. Aboriginal Medicine Bundle _____
- 3. Conflict Resolution in the Workplace _____

Section D- Accommodation

Are special accommodations required? _____
Do you require special dietary needs? _____
Is there anything that would warrant special consideration? _____

Section E- NAPE Conference Background

Is this your first NAPE Women's Conference? Yes _____ No _____

If no, please indicate the year previously attended

Year _____ Year _____ Year _____ Year _____ Year _____ Year _____

Signature of the Applicant _____ Date _____

In case of emergency please notify:

Contact Name _____ Phone No. _____