

REGISTRATION FORM

Workshop: _____ **Workshop Location:** CUPE CHARLOTTETOWN AREA OFFICE
(BOARDROOM)
100 CAPITAL DRIVE
CHARLOTTETOWN PE C1E 1E7
(902) 566-4006

Date: _____

Registration Deadline: _____ **Please see workshop descriptions on the back of the form**

Name	Address, Postal Code, Email	Telephone	Local
First: _____ Last: _____	Address: _____ _____ Postal Code _____ Email: _____	(w) _____ (h) _____ (c) _____	
First: _____ Last: _____	Address: _____ _____ Postal Code _____ Email: _____	(w) _____ (h) _____ (c) _____	
First: _____ Last: _____	Address: _____ _____ Postal Code _____ Email: _____	(w) _____ (h) _____ (c) _____	
First: _____ Last: _____	Address: _____ _____ Postal Code _____ Email: _____	(w) _____ (h) _____ (c) _____	

* Payable to CUPE PEI UDD in the amount of \$20 per participant and mail to: CUPE PEI - UDD, 100 Capital Drive, Charlottetown PE C1E 1E7.
PLEASE NOTE: In the event of any school cancellation (East or West), the workshop will be cancelled and rescheduled to a later date. *MEW : ml/isab/cope491*