

CANADIAN UNION OF POSTAL WORKERS
Local Education

**** Application for Educational ****

Course: _____

Date: _____

***Application Deadline: Please see Course Info sheet for course deadlines**

| | | |
|--|----------------------------------|---|
| Classification: | Section/Depot: | Shift/Wave: |
| Sister <input type="checkbox"/> | Brother <input type="checkbox"/> | Equity Seeking Group <input type="checkbox"/> |
| Name: | | |
| Address: | | |
| City: | Prov.: | PC: |
| Home Phone: | | Cell Phone: |
| Email Address: | | |
| Emergency Contact: | | Phone: |
| Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that we should be aware of. | | |

By signing below I indicate I understand that if my application is accepted to attend this Educational Seminar and I am unable to attend I will be held responsible for any nonrefundable costs incurred and any "no-show" costs associated with non-attendance

Signature of Applicant
(MUST BE SIGNED OR WILL NOT BE ACCEPTED)

kh.cope225