



PSAC North Regional Triennial Convention update

December 12, 2016

Deadline for registration extended

Delegate applications, resolutions accepted until January 15, 2017

The registration period to apply as a Delegate, Alternate or Observer to the 2017 PSAC North Regional Triennial Convention has been extended until January 15, 2017.

The extension allows for all PSAC North members from across the three territories to have equal opportunity to share their voice on the Convention floor.

Due to the difficulty many members face in remote communities, ongoing issues with the Phoenix pay system for federal members and the busy holiday season, PSAC North staff feel an extension will best serve our diverse membership.

The deadline to submit resolutions has also been extended until January 15, 2017.

All registrations and resolutions will continue to be accepted at
NorthConvention2017@psac-afpc.com or in person at any PSAC North Regional Office.

Thank you for your understanding.

For more information, please contact:

Cristina Popa

Assistant to the REVP

Public Service Alliance of Canada North

E-mail: popac@psac.com

Office: 867-669-0991 ext. 1014



PSAC NORTH 7TH Triennial Convention
June 16, 17, 18, 2017 Yellowknife NWT

REGISTRATION/CREDENTIAL FORM

I am registering as (check one):

Delegate_____

Observer _____

Personal Information:

Name: _____

Address: _____

PSAC ID _____

(Work) _____

(Cell) _____

(Home) _____

E-mail (personal email address): _____

I request Inuktitut interpretation (check one) YES _____ NO _____

DELEGATE CERTIFICATION

This section is to be completed by the Local President or PSAC North Committee Chairperson (or their authorized alternate) who is certifying that the above named member has been duly authorized as a delegate/alternate to convention. Component National Officers residing in the North can use this section to further identify themselves.

Please note you cannot sign your own form and must have an authorized officer complete your Delegate Certification.

If you have any questions as to who should sign your form, please **contact Cristina Popa at 867-669-0991** or via email at NorthConvention2017@psac-afpc.com

Name of Certifying Officer _____

Position Held by Certifying Officer: _____

Local/Committee/Component the delegate represents: _____

I certify that the above named member is entitled to serve as a delegate/alternate to the PSAC North 7th Triennial Convention.

Signature

Deadline: January 15/2016

Fax to 867-669-0379, email: NorthConvention2017@psac-afpc.com

or mail to:

PSAC North 7th Triennial Convention Registration Public

Service Alliance of Canada, North

4910-53RD St. Suite 201A

PO Box 2316, Mailbox #5

Yellowknife, Northwest Territories

X1A 1V2

Attention: Cristina Popa



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REQUEST FOR SPECIAL ACCOMODATIONS

The PSAC Accommodation Policy for delegates at PSAC Conferences strives to ensure that conferences are barrier-free for **delegates with special needs**. Once selected, members may be required to further specify their accommodation needs in order to facilitate their participation at these conferences.

A separate form will be sent to selected delegates who have identified as members with disabilities requiring accommodation.

Please Check:

_____ I am a member with a disability and require accommodation.

What are the functional limitations arising from your disability? (You are not obliged to disclose your diagnosis, only your functional limitations.)

Please select required accommodation:

_____ I require that the PSAC arrange for a personal care attendant to assist me to fully participate at the Conference.

_____ I require documentation in alternative media.

_____ I require sound amplification.

_____ I require a sign language interpreter.

_____ I require an oral interpreter.

_____ I require that the PSAC arrange for a Reader (for a person with a visually related disability) to assist me in order for me to fully participate at the Conference.

_____ I will be using animal assistance (i.e. guide dog) at the Conference.



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EQUITY GROUP SELF-IDENTIFICATION

PSAC members who belong to the following groups are invited to self-identify. This information is voluntary and kept confidential and will be used for the purposes of supporting our equity initiatives and programs. Please check all that apply.

_____ Worker with a disability.

_____ First Nation

_____ Metis

_____ Inuit

_____ Racially Visible Worker (Please Specify)

_____ Black; African Canadian; Persons of African descent; Caribbean

_____ Chinese

_____ Filipino

_____ Korean

_____ South-Asian/East Indian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad; East Africa, etc.)

_____ Southeast Asian (including Burmese; Cambodian; Laotian; Thai Vietnamese; etc.)

_____ Non-White West Asian; North African or Arab (including Egyptian; Lebanese; Iranian; etc.)

_____ Non-White Latin American; (including indigenous persons from Central and South America; etc.)

_____ Persons of Mixed Origin (with one parent in one of the Racially Visible groups listed above.

_____ Woman

_____ GLBTQ Worker

_____ Young Worker (Age 35 and under)

(you may be required to provide relevant medical documentation that will assist us in responding your request. This information will not be disclosed except where necessary to respond to your request for accommodation.)

SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

_____ I have dietary requirements or allergies that the PSAC should be aware of.

Please specify:_____

NAME (please print) _____

SIGNATURE_____