



CANADIAN UNION OF PUBLIC EMPLOYEES

LOCAL 2348

Convention Attendance Request Form

NAME: _____

ADDRESS: _____

PHONE: _____

UNIT: _____

DATE SUBMITTED: _____

EMAIL: _____

CONVENTION TITLE: _____

CONVENTION LOCATION: _____

CONVENTION DATE(S): _____

REASON FOR ATTENDING: _____

TRANSPORTATION REQUIRED? _____ **(IF NONE LEAVE BLANK)**

ACCOMMODATION REQUIRED? _____ **(IF NONE LEAVE BLANK)**

DIGITAL SIGNATURE PREFERRED

SIGNATURE: _____

FOR OFFICE USE ONLY

APPROVED BY: _____

APPROVED BY: _____

APPROVED BY: _____

DATE APPROVED: _____