



PSAC NORTH 7<sup>TH</sup> Triennial Convention  
June 17-18, 2017 Yellowknife NWT

**REGISTRATION/CREDENTIAL FORM**

I am registering as (check one):

- Delegate \_\_\_\_\_
- Observer \_\_\_\_\_
- Alternate \_\_\_\_\_
- Guest \_\_\_\_\_

**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](mailto:NorthConvention2017@psac-afpc.com)

Name of Certifying Officer: \_\_\_\_\_

Position Held by Certifying Officer: \_\_\_\_\_

Local/Committee/Component                      the                      delegate                      represents:

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

\_\_\_\_\_

Signature

**Deadline: January 15, 2017**

Fax to 867-669-0379, email: [NorthConvention2017@psac-afpc.com](mailto:NorthConvention2017@psac-afpc.com)

or mail to:

*PSAC North 7<sup>th</sup> Triennial Convention Registration Public*

*Service Alliance of Canada, North*

*4910-53<sup>RD</sup> 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.

*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.)

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**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.

(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 \_\_\_\_\_



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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