**EDUCATION**

**COURSE REGISTRATION FORM**

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| **Please complete this form and return to:**  **PSAC Sudbury Regional Office** **2-754 Falconbridge Road, Sudbury, ON P3A 5X5****or by fax: 705-674-8652 or email: Sudbury\_RO@psac.com** |
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| COURSE INFORMATION |
| COURSE NAME: |
| COURSE DATE: | COURSE LOCATION: |
| COURSE NAME: |
| COURSE DATE: | COURSE LOCATION: |
| MEMBER INFORMATION |
| NAME: | PSAC ID #: |
| HOME ADDRESS: |
| CITY: | POSTAL CODE: |
| HOME PHONE: | WORK PHONE: |
| COMPONENT: | LOCAL #: |
| PERSONAL EMAIL: |
| WORK EMAIL: |
| SPECIAL NEEDS |
| The PSAC is committed to ensuring that the accessibility and dietary requirements of our members are respected. Please indicate your needs below and provide any necessary explanation that will assist us in meeting them. The PSAC strives to ensure that PSAC events are barrier-free for all members. |
| SPECIAL NEEDS: |
| **SMOKE-FREE**: All PSAC events, including this course, are smoke-free.**SCENT-FREE:** To assist members with environmental sensitivities, all courses will be scent-free events. |
| SELF-IDENTIFICATION |
| **For PSAC Record Purposes Only:** Indigenous Racially Visible Member with a Disability Woman LGBTQ2+ Young Worker (35 and Under)  |

***\*\*This document can be made available in various electronic formats (i.e. rich text format, PDF), on disc, and in Braille.***  ***Please contact your PSAC Regional Office for more information.*** |