



# TORONTO - BASIC EDUCATION COURSE REGISTRATION FORM

Please complete this form and return to: PSAC Toronto Regional Office

90 Eglinton Ave. East, Suite 608, Toronto, ON M4P 2Y3

Fax: 416-485-8607 or Email: PSAC\_Toronto\_Mail@psac.com

Register online: <http://ontario.psic.com/toronto-basic-course-online-registration-form-winterspring-2018>

## 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:**

Aboriginal

Racially Visible

Member with a Disability

Woman

Gay/Lesbian/Bisexual/Transgendered

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.**