

**MEETING REGISTRATION FORM**  
**Women's Rights Committee**  
**Friday, March 31, 2017**

MoveUP will cover the costs according to our Expense Claim Policy. Please complete the travel portion below, if required. If you have any questions about this policy, please contact Secretary-Treasurer Lori Mayhew at [lmayhew@moveuptogether.ca](mailto:lmayhew@moveuptogether.ca) prior to any expenses being incurred.

**REGISTRATION FORM:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Your Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Location: \_\_\_\_\_  
*(Confirmations will be sent to this address)*

**LEAVE OF ABSENCE:**

I require a leave of absence for my normal scheduled hours of work on:

\_\_\_\_\_ Friday, March 31, 2017      Other \_\_\_\_\_

**AIR TRAVEL (For Out of Town Only)**

*All flights/accommodations will be booked by MoveUP according to the information provided on the registration form. All costs incurred for requests to change flights once booked may be the responsibility of the member.*

Depart From: \_\_\_\_\_ or Ferry Terminal: \_\_\_\_\_  
*(Airport)*

Departure Date/Time: \_\_\_\_\_  
*(Flights will be booked on Thursday evening unless otherwise stated)*

Return Date/Time: \_\_\_\_\_  
*(Flights will be booked for Friday afternoon unless otherwise stated)*

Would you like to request to drive in lieu of flying?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
*(This is for members who would normally fly, but would like to drive instead, as per the MoveUP Expense Policy. Please note that no additional leave will be granted to accommodate this request)*

I require accommodations for the following nights: \_\_\_\_\_ Thursday, March 30, 2017

**DIETARY RESTRICTIONS**

Lunch will be provided. Please advise us of any food allergies:

\_\_\_\_\_

**I can only join this meeting by teleconference and require dial-in numbers**

**DEADLINE TO REGISTER: Wednesday, March 8, 2017**

**Email to [kprinz@moveuptogether.ca](mailto:kprinz@moveuptogether.ca) or fax to 604-299-8211**