

**Provincial Young Workers Committee
 International Youth Day**

**“The Politics of Education”
 August 13 & 14, 2010**

**Membership Centre, OPSEU Wellesley Office
 31 Wellesley Street East, Toronto, Ontario**

May 25, 2010

Dear Young Workers of OPSEU:

On behalf of OPSEU’s Provincial Young Workers Committee, it is my pleasure to invite applications to the 2010 International Youth Day (IYD). In addition to welcoming previous participants, I would like to extend a special invitation to those who have not attended in the past and look forward to meeting you all.

Please note that this event is for young workers age 30 and under. Four applicants from each region will be selected by staff and the PYC. Confirmation of selection will go out to participants once the selection process is complete in early July. The deadline for applications is **Friday, June 25th, 2010**.

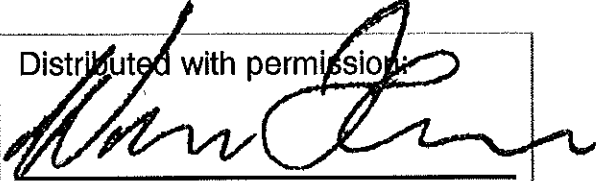
Our goal is for you to go home with ideas for immediate action in your communities. We have a broad diversity of members and ideas, and we hope for a rich mix of diverse backgrounds and points of view among International Youth Day participants.

Don’t miss this opportunity to network, learn, share experiences *and* have some fun. Please join us as at *IYD 2010* as we explore the concept of the “Politics of Education.”

In solidarity,

Ryan Walker, Chair
 Provincial Young Workers Committee

RW/HS

Distributed with permission

 Warren (Smokey) Thomas
 OPSEU President

IYD 2010 Tentative Schedule		
Friday, August 13	5:30 pm to 6:00 pm	Registration
	6:00 pm to 9:00 pm	Conversation Café (Dinner included)
Saturday, August 14	8:00 am to 9:00 am	Check out from hotel
	9:00 am to 10:00 am	Breakfast
	10:00 am to 3:00 pm	Intro, Panel and Activities (Lunch included)

IYD 2010 Application Form

Personal Information	<p>Local: _____ S.I.N./Union # _____</p> <p>Name: _____ Last First</p> <p>Home Address: _____ Street City Postal Code</p> <p>Phone: _____ Home Work Cell</p> <p>Email: _____ Home Work</p>
Hotel	<p><i>Members are responsible for making their own accommodation arrangements.</i></p> <p>Information about hotel reservations will be sent to applicants upon receipt of the conference registration form. All participants are entitled to stay at the hotel on a shared-room cost basis (the 60 km rule has been waived).</p>
Carpooling	<p>Are you able to offer a ride? Yes <input type="checkbox"/> # of passengers _____ No <input type="checkbox"/></p> <p>Do you need to carpool with someone? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Personal Assistance	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Personal Assistance Request Form</p>
Advance	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Advance/Time-off Request Form</p>
Time-Off	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Advance/Time-off Request Form</p>
Child Care	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Child Care Registration Form</p>
Application continued on page 3. . .	

IYD 2010 Advance/Time-off Request Form
(Please print or type)
Requests must be received by Monday, July 26th, 2010.

Local:	_____	Union #	_____
Name:	_____		
	Last	First	
Home Address:	_____		
	Street	City	Postal Code
Phone:	_____		
	Home	Work	Cell
Email/Fax:	_____		
	Home	Work	Fax

What are you requesting?

Advance

Time-off letter

Both

PLEASE NOTE: You are responsible for the costs of shared accommodation and all meals. Please include these expenses in your advance request. The hotel will post all charges to your credit card which you will need to provide upon check-in. If you do not have a credit card you must deposit an amount equal to one night's accommodation and show your driver's license for identification purposes.

Advance amount requested? \$ _____

Delivery method: Mail home Regional Office pick-up Bring to meeting

Time-off letter:

Employer Contact Name _____

Title _____ Sector _____

Employer email _____

Phone + area code _____ Fax + area code _____

Address _____

IYD 2010 Personal Assistance Request Form

Local:	_____	Union #	_____	Regional Office	_____
Name:	_____				
	Last		First		
Home Address:	_____				
	Street		City	Postal Code	
Phone:	_____				
	Home	Work	Cell		
Email/Fax:	_____				
	Home	Work	Fax		

Please Check:

- | | |
|--|--|
| <input type="checkbox"/> Blind or visually impaired | <input type="checkbox"/> Deaf or hearing impaired |
| <input type="checkbox"/> I use a wheelchair
(Hub to hub measurements) | <input type="checkbox"/> I use crutches/need to be near an elevator |
| <input type="checkbox"/> I have dietary restrictions or special needs | <input type="checkbox"/> I will need assistance in evacuating a room quickly |

Are there any special needs to be accommodated for any of the conference activities?
(e.g., sign language interpretation, large print documents, dairy-free)

- Yes No

Please specify:



