

REGISTRATION FORM

One form
PER DELEGATE

Annual Circle Gathering

Friday, March 6th, 2020, to Monday, March 9th, 2020 - Halifax, Nova Scotia

This form must be emailed to r.davidson@cfs-fcee.ca by February, 11th 2020

PLEASE PRINT CLEARLY

GENERAL INFORMATION

Member Local Students' Union Number	Member Local Students' Union
	Delegate Name (to be printed on name tag, please print)
Email Address	
Preferred Roommate Name	If a roommate is not chosen, one will be chosen for you

TRAVEL INFORMATION

Name on ID (if different than above)	Salutation (Mr./Ms./Mrs.)	
Cell Number (to confirm pick up)	Place of Departure	Place of Return

TRAVEL ARRANGEMENT TERMS

1. Travel will **ONLY** be arranged by the National Office.
2. Travel to the meeting will be booked **Friday, March 6th, 2020**.
3. Travel from the meeting will be booked for **Monday, March 9th 2020**.
4. Baggage will **NOT** be covered by the Federation, only carry on luggage is included in travel arrangements.
5. Delegate should arrive at the airport well in advance of their flight. The delegate must follow airlines recommended arrival time for check-in and boarding times. If delegate fails to follow these recommendations, they are responsible for any expenses associated with it.
6. If you are unavailable to travel on these dates, please indicate your availability in the **"Additional Information"** line.
7. Please note that once a travel ticket has been issued, **any expense incurred to change the ticket will be the member's responsibility**. If you are requesting special travel arrangements, such as a later departure from Halifax, please indicate the total additional cost you are willing to undergo.
8. **Only receipts for authorized travel expenses will be reimbursed.**

Please sign here to acknowledge that you understand the terms of travel arrangements

Print Name

Signature

Date

LANGUAGE

Language preference for documents:

English French Bilingual

SPECIAL REQUIREMENTS

Documents for visually impaired: enlarged print

Wheelchair accessible accommodation and transportation

Interpretation: American Sign Language Whisper interpretation (French to English)

Meal requirements: (please specify): Vegan Vegetarian Lactose Free Gluten Free Celiac Nut Allergy

Shellfish Allergy Halal Other: _____

Accommodation requirements (please specify): _____

Additional information/other (please specify): _____

Please sign here to acknowledge that in order to meet special requirements, forms must be received by the registration deadline

Print Name

Signature

Date

DELEGATE FEES

Registration and travel pool fees include all costs associated with accommodation, meals, meeting materials and travel costs, as well as the accessibility and child care funds.

For member local students' unions with annual revenue of **\$200,000** or more: \$500.00

For member local students' unions with annual revenue of less than **\$200,000**:

$$\frac{(\text{Students' Union Revenue} \times \$500.00)}{\$300,000.00} + \frac{(\$500.00)}{3} = \$ \boxed{}$$

EMERGENCY CONTACT

Name	Phone number	Relationship

THIS FORM MUST BE SIGNED BY AN OFFICIAL OF THE MEMBER LOCAL STUDENTS' UNION

NAME (please print)

POSITION (please print)

SIGNATURE