



THE LABOUR MANAGEMENT RELATIONS

CERTIFICATE

Saskatoon
Sept 25-29, 2017

Program Application Form

Personal Information		
Full Name:		Nickname (for name tag):
Gender: M F	Date of Birth (day/month/year):	Please indicate any special requirements (i.e. dietary restrictions):

Company Information			
Organization:			
Job Title:		Address:	
City:	Prov/State:	Postal Code/Zip:	Bus. Tel:
Other Tel:	Bus. Fax:	Email:	
Time in current position:		Please indicate which bargaining party you represent: Union <input type="checkbox"/> Management <input type="checkbox"/>	
Provide a brief description of your current position and summary of major responsibilities (include an attachment if required):			

Previous and Current Education			
Please include short management and correspondence courses as well as any other significant educational experience.			
University/Institution	Field	Degree/Designation	Year
Please list any membership in professional associations:			

Authorizing Manager Information	
Please provide contact information for the Manager that recommended you for the program. This Manager may be contacted as part of the application process.	
Full Name:	Job Title:
Email:	Bus. Tel:

