LABOUR MANAGEMENT RELATIONS

Program Application Form

Saskatoon Sept 21-25, 2020

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

Company Information						
Job Title:		Address:				
Prov/State:	Postal Code/Zip:	Bus. Tel:				
Rus Fav	Email:					
	Please indicate which bargaining party you represent:					
	Union Management					
ur current position and summary o	f major responsibilities (include an	attachment if required):				
Do you have bargaining experience? If yes, please give us an idea of your past bargaining experience.						
		Bus. Fax: Email: Please indicate which bargaining Union Management ur current position and summary of major responsibilities (include and summary of major responsibilities (inclu				

Previous and Current Education

Please include short management and correspondence courses as well as any other significant educational experience.

Degree/Designation	Year
-	



CERTIFICATE

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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:

Email:

Bus. Tel:

Job Title:

Course Information

Location: TBD

Facilitators: Beth Bilson, Gary Entwistle, Dionne Pohler, Allen Ponak, Daphne Taras, and Scott Walsworth, along with industry experts as special guest lecturers

Next Steps:

After submitting your application for review, you will be notified as to your acceptance. If you are accepted into the program you will be sent a confirmation email with payment instructions.

Please review your application and ensure ALL fields are completed.

Return completed applications forms via email or mail to:



EXECUTIVE EDUCATION

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