## Federal Labour Standards Review Public Consultations – Registration Form

To register for a public consultation hearing, please complete and send this form to:

Federal Labour Standards Review 165 Hôtel de Ville Place du Portage, Phase II Gatineau, Quebec K1A 0J2

E-mail: consultations@fls-ntf.gc.ca

Fax: (819) 956-7521

Name of the Organization (if applicable):	
Name (contact person):	
Address:	
City:	
Postal Code:	
Phone Number:	
E-Mail:	
	le to invite everyone who wants to make a presentation at the formal public sentations will be sent about 10 to 14 days before each public hearing.
My organization (or I) would like hearing.	to make an oral presentation at a public
*** In order to participate you must	f • •
1. Specify the official language of your English French B	-
2. Make a written submission to the Re  A written submission has already  A written submission will be sen	been sent to the Review
Preferred location: (If you could attend more than one location	, please number boxes in order of preference.)
<ul> <li>Whitehorse, Yukon (Sept. 8)</li> <li>☐ Ottawa, Ontario (Sept. 14-15)</li> <li>☐ Toronto, Ontario (Sept. 20-21)</li> <li>☐ Regina, Saskatchewan (Sept. 23)</li> <li>☐ Winnipeg, Manitoba (Sept. 26)</li> <li>☐ Vancouver, B.C. (Sept. 27-28)</li> <li>☐ Quebec City, Quebec (Oct. 5)</li> <li>☐ Other (locations may be added if demand in the sept. 25)</li> </ul>	☐ Edmonton, Alberta (Oct. 6) ☐ Calgary, Alberta (Oct. 11-12) ☐ Montreal, Quebec (Oct. 18-19) ☐ Moncton, New Brunswick (Oct. 24) ☐ Charlottetown, P.E.I. (Oct. 24) ☐ Halifax, Nova Scotia (Oct. 25-26) ☐ St. John's, Newfoundland (Oct. 27)

Information on Organization (if applicable)	
Please provide a brief description of your organization (i.e. its mandate/purpose, who it represents, etc.). Feel free to send further information (e.g., pamphlets, reports, website address).	
Subject of Oral Submission	
If a written submission is not attached to this form, please provide a brief outline of the issues you intend to raise during a public hearing:	
Special Needs	
Please specify if you have any special needs that may make accessibility or communication difficult at a hearing, and what type of accommodation you would require:	