



# Provincial Civil Servant Workshop Registration Form

## APPLICANT – Please forward to OSD

NAME LAST:	FIRST:	PHONE NUMBER:
JOB TITLE:	BUSINESS AREA#: <u>B A</u>	
DEPARTMENT:	FAX NUMBER:	
BRANCH:		
ADDRESS:	E-MAIL:	
CITY:	POSTAL CODE:	
<i>This personal information is voluntary and is being collected under the authority of The Civil Service Act and will be used for OSD registration purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact OSD at 945-2276.</i>		
<b>Workshop:</b>		<b>Tuition: \$</b>
(One Workshop Title Only)		
<b>Workshop Date:</b>		

## SUPERVISOR

Approving Supervisor's Name:	Signature: (if required by Dept.)
Work Address:	Phone:

## BILLING ADDRESS

Please send invoice to:	Employer <input type="checkbox"/>	Applicant <input type="checkbox"/>	(Please provide applicable address below)
Department:	Cost Centre #:		
Address:			
Please send invoice to:	Telephone:	Fax:	
<i>*Registration Forms will be grouped by cost centres for invoicing. Invoices will be forwarded to the above address once course is complete. Once invoice is received it is the department's responsibility to prepare an SAP journal entry to process the transfer of funds. Account number will be identified on the bottom of OSD's invoice.</i>			

**Organization & Staff Development**  
935-155 Carlton Street  
Winnipeg, Manitoba R3C 3H8  
[www.gov.mb.ca/csc/osd](http://www.gov.mb.ca/csc/osd)

**Registrar Phone: 945-2276**  
**Registrar Fax: 948-2165**

**CANCELLATION POLICY:** Registrants who do not cancel 10 working days prior to course start date, or who do not attend, will be charged the full fee. Substitutions are allowed.

PLEASE DUPLICATE THIS FORM TO MEET YOUR NEEDS

