

CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK
REGISTRATION FORM FOR PRESENTATION TO THE BOARD OF DIRECTORS

**REGISTRATION FORM – DELEGATIONS
PROCEDURAL GUIDELINE**

Delegations must register five (5) working days before the date of the meeting. Up to two presenters may speak with a total time allocated of five (5) minutes. Board of Directors may ask questions or seek clarification after the presentation.

Name: _____

√ **Check one Box**

I am here as a delegation to speak ONLY on my own behalf.

I am here as a spokesperson for: _____

Translation requirements? Please indicate: _____

(If applicable, my subject cannot be dealt with under a Board Collective Agreement).

DELEGATIONS ARE REMINDED THAT NO DECISION ON THE ISSUES PRESENTED WILL BE MADE AT THE MEETING.

Please provide a brief summary of the subject.

The Board does not wish to prevent the expression of honest opinion. Negative, critical or derogatory comments about identifiable persons must be made in the In Camera (private) Session.

Please read Article 6 before signing, and return registration form to the Board and Committee Information Officer.

Please note that it is important you arrive 30 minutes prior to the meeting and make yourself known to the recording secretary. Delegations will be heard during the allotted period for delegations only. If it is necessary to cancel the delegation, please do so in writing by email, fax or hand delivered copy at least 24 hours prior to the meeting.

Date: ____/____/____ Signature: _____
 day month year

Note: Please complete information on page two

Please complete the following information

(This information is for administrative purposes only)

Name _____ Telephone (____) _____

Bus.Telephone (____) _____ Address _____

City _____ Province _____ Postal Code _____

PLEASE RETURN THIS FORM TO THE ATTENTION OF:

**MICHELE WILLIAMS
OFFICE OF THE CHIEF EXECUTIVE OFFICER
CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK
8 NELSON STREET WEST, SUITE 300
BRAMPTON, ONTARIO
L6X 4J2**

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