

**THE OTTAWA HOSPITAL**  
**ONA LOCAL 83 ENDOWMENT FUND**

**APRIL 1, 2010 TO May 31, 2011**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ ext. \_\_\_\_\_

Campus: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

**Conference, Course or Workshop Information**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

\*\*\* Please photocopy registration and tuition receipts and attach to this application.

\*\*\* This must be received in the office by June 01/2011.

\*\*\* **PLEASE NOTE All relevant information must filled out and attached or this application will not be processed.**

\*\*\* Application to be sent to **Ontario Nurses Association Local 83**  
**36 Antares Drive Suite 1000**  
**Ottawa, ONT. K2E 7W5**  
**Attention: ENDOWMENT FUND**