



UFCW CANADA



- TALKING UNION -

Presentation Request Form

School: _____

Address: _____

Major intersection: _____

Contact name: _____

Phone number(s): _____

Email: _____

Number of Students: _____

Date(s): _____

Time: _____

Please fax your request to:

Brian Noonan
UFCW Canada
416.675.6919
bgt@ufcw.ca