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SUN PUBLICATIONS - ORDER FORM

Name: _____ Date: _____

Position: Local Executive NAC Chair Local OH&S Representative

Email Address: _____ Phone Number: _____

Request for Local #: _____ Facility/Agency: _____

Facility/Agency Address: _____ City: _____ PC: _____

EXECUTIVE PUBLICATIONS	QUANTITY
<i>Local Executive Tool Kit (max. 5)</i>	
<i>Labour Relations: Member Issues Form</i>	
<i>Labour Relations: Fact Sheet</i>	
<i>SUN District Council (SDC) Executive Guidebook (max. 5)</i>	
<i>Your Union & You (New Member) Booklet</i>	
<i>Facts For New Graduates (brochure)</i>	
NURSING ADVISORY (NAC) PUBLICATIONS	
<i>Work Situation Report (WSR) Form (Official document)</i> <ul style="list-style-type: none"> • Base/Regional Hospitals: Request is for _____ Units • All Other Facilities/Agencies: Request is for the following office(s)/location(s): _____ 	
<i>SAMPLE Work Situation Report (WSR) Form (For practice or educational purposes)</i>	
<i>How To Complete A Work Situation Report (WSR) Form (brochure)</i>	
<i>NAC: Steps in the Problem Solving Process (11" x 17" poster)</i>	
<i>Nursing Advisory Committee (NAC) Local Chair Tool Kit</i>	
<i>Work Situation Report (WSR) Investigation Sheet</i>	

OCCUPATIONAL HEALTH & SAFETY (OH&S) PUBLICATIONS	QUANTITY
<p><i>Local OH&S Representative (max. 10)</i></p> <ul style="list-style-type: none"> • Base/Regional Hospitals: Request is for _____ Units • All Other Facilities/Agencies: Request is for the following office(s)/location(s): _____ 	
<i>Occupational Health & Safety (OH&S) Fact Sheet</i>	

Please return completed form to Janelle Ruhr in the Regina office via fax, email or mail.

SUN OFFICE USE ONLY		
Date Received:	Date Shipped:	Processed by: