

# 2010 OMCA VOLUNTEER SIGN-UP FORM



*Volunteers are needed for the following events during the 2010 Annual Marketplace & Conference.*

**All volunteers who commit to three consecutive hours, and sign up before the printing of the official program, will have their names listed in the OMCA 2010 official program**

*Please review the hours of each function, indicate the three consecutive hours for which you wish to sign up in the appropriate areas at the bottom of this form, and return to the OMCA.*

**ORIENTATION:** Volunteers for this function must be members who have attended at least three consecutive OMCA Annual Conferences. Volunteers will explain the registration package and the conference program in detail with delegates, explaining the workings and protocol of each event, dress codes, and answer any questions from the delegates:

SATURDAY	October 30	6: 00 pm	9:00 pm
SUNDAY	October 31	8: 00 am	5: 00 pm
MONDAY	November 1	8: 00 am	10: 00 am
TUESDAY	November 2	8: 00 am	12: 00 pm

**RESOURCE CENTRE:** Volunteers will ensure that brochures are used and returned to the appropriate racks in alphabetical order.

SUNDAY	October 31	7: 30 am	4: 00 pm
MONDAY	November 1	7: 30 am	5: 00 pm
TUESDAY	November 2	7: 30 am	5: 30 pm
WEDNESDAY	November 3	7: 30 am	3: 00 pm

**MESSAGE CENTRE:** Volunteers will ensure that messages are picked up and delivered to buyers' desk.

SUNDAY	October 31	9: 00 am	12: 00 pm	1: 45 pm	4: 05 pm
MONDAY	November 1	8: 00 am	9: 45 am		
TUESDAY	November 2	8: 00 pm	12: 00 pm	3: 10 pm	5: 30 pm
WEDNESDAY	November 3	8: 15 am	1: 30 pm		

**SILENT AUCTION:** Volunteers will assist staff with auction items

SUNDAY	October 31	8: 00 am	11:30 am	2:00pm	5: 00pm
MONDAY	November 1	8: 00 am	11:30 am	2:00pm	5: 00pm
TUESDAY	November 2	8: 00 am	11:30 am	2:00pm	3: 00pm

**YES! Please sign me up as a volunteer for the following event/s and time/s:**

	Day/Date	Between the hours of:
ORIENTATION	_____	_____ and _____
MESSAGE CENTRE	_____	_____ and _____
RESOURCE CENTRE	_____	_____ and _____
SILENT AUCTION		

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_

**We sincerely appreciate the generous donation of your time. Thank you!**

**Please return the completed form to Diane Leacock at OMCA via fax at 416-229-6281.**