



2017 CUPE ONTARIO CONVENTION
SHERATON CENTRE
ACCESS REQUEST FORM

Local No. \_\_\_\_\_

(Please print or type)

Name of Delegate: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code

Telephone: (home) \_\_\_\_\_ (office) \_\_\_\_\_

Email: \_\_\_\_\_

Please check service(s) required: (All services will be provided by CUPE Ontario)

Guide/Personal Assistance I will provide my own [ ] One is required [ ]

Table with 3 columns: Service, Hotel, Event. Rows include ASL Interpretation, Wheelchair / scooter access, Assistance at check in/Registration, Assistance in case of evacuation, Accessible transportation to off-site events, and Other.

Alternative Communication

- French Translation [ ]
Real Time Captioning [ ]

Alternative Media

Large Print (Font Size \_\_\_\_\_) [ ]

I Need Materials in advance electronically (in order to accommodate a disability) [ ]

**Serious allergy alert** (Please specify)

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**Will you require any other accommodations at the event?** (Please specify)

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**Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.)** (Please specify)

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**Other services?** (Please specify)

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Please complete and return by **April 30<sup>th</sup>** to:  
CUPE Ontario Access Request  
80 Commerce Valley Drive East, Suite 1  
Markham, Ont. L3T 0B2  
(905) 739-9739 or FAX: (905) 739-9740