



# LIBRARY WORKERS CONFERENCE ACCESS REQUEST FORM

(Please fill out this form for each delegate)

**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

	Hotel	Event
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/ Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

- Alternative Communication
- French Translation
- Real Time Captioning
- Alternative Media
- Large Print (Font Size \_\_\_\_\_)

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

Electronically

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 **MARCH 4TH** to:  
CUPE Ontario Access Request  
80 Commerce Valley Dr. E., Suite 1  
Markham, Ontario L3T 0B2  
905-739-9739 or FAX: 905-739-9740