



SPRING SCHOOL 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

ASL Interpretation

Hotel

Event

Wheelchair / scooter access

Assistance at check in/Registration

Assistance in case of evacuation

Other: _____

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)

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

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

Other services? (Please specify)

Please complete and return by **FEBRUARY 10TH** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or FAX: 905-739-9740