



OUIWCC CONFERENCE 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

| | 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 | | <input type="checkbox"/> |
| Real Time Captioning | | <input type="checkbox"/> |
| Alternative Media | | |
| Large Print (Font Size _____) | | <input type="checkbox"/> |

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 **JANUARY 27, 2017** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or FAX: 905-739-9740