



# FALL SCHOOL 2017 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

ASL Interpretation

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)

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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 **OCTOBER 6<sup>TH</sup>** to:  
CUPE Ontario Access Request  
80 Commerce Valley Dr. E., Suite 1  
Markham, Ontario L3T 0B2  
905-739-9739 or FAX: 905-739-9740