



## ACCESS REQUEST FORM

(to be filled out by the member requesting accommodation)

**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

	<b>Hotel</b>	<b>Event</b>
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"/>
Accessible transportation to off-site events		
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** 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 **March 5<sup>th</sup> 2018** to:  
CUPE Ontario Access Request  
80 Commerce Valley Drive East, Suite 1  
Markham, Ont. L3T 0B2  
(905) 739-9739 or FAX: (905) 739-9740