



CACO 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

ASL Interpretation

Wheelchair / scooter access

Assistance at check in/Registration

Assistance in case of evacuation

Other: _____

Hotel

Event

Alternative Communication

French Translation

Real Time Captioning

Alternative Media

Braille

Large Print (Font Size _____)

I Need Materials in advance

(in order to accommodate a disability)

Electronically

Braille

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 **August 24, 2017** to:
CUPE Ontario Access Request
305 Milner Ave., Suite 801
Scarborough, Ontario M1B 3V4
(416) 299-9739 or FAX: (416) 299-3480