



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

	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"/>
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)

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 26th 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