



2018 CUPE ONTARIO CONVENTION
SHERATON CENTRE
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 []

Table with 3 columns: Service, Hotel, Event. Rows include ASL Interpretation, Wheelchair / scooter access, Assistance at check in/Registration, Assistance in case of evacuation, Accessible transportation to off-site events, and Other.

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 **April 30th** to:
CUPE Ontario Access Request
80 Commerce Valley Drive East, Suite 1
Markham, Ont. L3T 0B2
By fax: (905) 739-9740
or email to kdavenport@cupe.on.ca