

Local #: _____

Name: _____

Address: _____

Phone: (home) _____ (alternate) _____

Please check service(s)/accommodation(s) required (all services will be provided by CUPE Ontario).

I require accommodation(s): Yes No

- Personal Support Worker
- ASL Interpretation
- Assistance at check in/registration
- Assistance in case of evacuation
- Accessible Seating*
- Ergonomic chair
- Hotel room accommodation(s)*
- Scooter rental
- Other*

*Please see reverse of form

- Alternative Communication
- French Translation
- Real Time Captioning
- Alternative Media:
 - Large Print (Font Size: ____)
 - Braille
 - CD
- Advance Material:
 - Electronically
 - Hard Copy

Allergy/sensitivity alert & dietary needs: _____

Other: _____

Hotel Room Accommodations

Physically Accessible Room (including a roll in shower)

Visually Accessible Room for D/deaf & HoH guests

Fridge

Unscented product use

Automatic Door Closer turned off

Hardware changed:

Door handles (rounded to levered)

Bathroom grab bars

Non-slip mats

Cordless phone

Raised toilet seat

Bath seat

Transfer Board(s)

Furniture change/removal:

Removal/rearrangement for mobility device turning radius

Box spring removed

Closet doors removed