

TO BE COMPLETED BY THE DELEGATE

Name: _____

Address: _____

Email Address: _____

Phone: (home) _____ (alternate) _____

Preferred Language: English French

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

I require accommodation(s): Yes No

Dietary Restrictions/Allergies*

Personal Support Worker

Service Animal

Braille/voice on elevator

Assistance at check in/registration

Assistance in case of evacuation

Accessible Seating*

Ergonomic chair

Hotel room accommodation(s)*

Scooter rental

Sign Language Interpretation

Alternative Communication*

French Translation

Real Time Captioning

Alternative Media:

 Large Print (Font Size:____)

 Braille

 CD

Advance Material:

 Electronically

 Hard Copy

Other*

* Please see reverse of form

Specific details about accommodation: _____

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)
 - Automatic door opener (push button)
 - 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

Please complete and return 30 days prior to event to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
PHONE: 905-739-9739 or FAX: 905-739-9740