

## 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