

Local #: \_\_\_\_\_

## TO BE COMPLETED BY THE DELEGATE

**Delegate Name:** \_\_\_\_\_

**Conference / Event 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: \_\_\_\_\_

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### Hotel Room Accommodations

- Physically Accessible Room (including a roll in shower)
- Visually Accessible Room for D/deaf & HoH guests
- 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