

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: _____

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