



**2021 CUPE ONTARIO CONVENTION
ACCESS REQUEST FORM**

Local No. _____

(Please print or type)

Name of Delegate: _____

Address: _____

_____ **Postal Code**

Telephone: (home) _____

(office) _____

Email: _____

Please check service(s) required: (All services will be provided by CUPE Ontario)

ASL Interpretation

Assistance with Registration

Alternative Communication

French Translation

I Need Materials in advance Hard Copy
(in order to accommodate a disability)

I Need Materials in advance electronically – Large Font
(in order to accommodate a disability)

Will you require any other accommodations at the event? (Please specify)

Please complete and return by **April 30th** to:
Christine Fera cfera@cupe.on.ca
CUPE Ontario Access Request
80 Commerce Valley Drive East, Suite 1
Markham, Ont. L3T 0B2
(905) 739-9739 or FAX: (905) 739-9740