



**SSWCC CONFERENCE
ACCESS REQUEST FORM**

(Please fill out this form for each delegate)

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):

Guide/Personal Assistance

I will provide my own

One is required

ASL Interpretation

Wheelchair / scooter access

Assistance at check in/Registration

Assistance in case of evacuation

Other: _____

Alternative Communication

French Translation

Real Time Captioning

**I need materials electronically in advance
(in order to accommodate a disability)**

Serious allergy alert (Please specify)

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

Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.)
(Please specify)

Other services? (Please specify)

Please complete and return by **FEBRUARY 26TH, 2013** to:

**CUPE Ontario Access Request
80 Commerce Valley Drive East
Markham, Ontario L3T 0B2
(905) 739-3999 or FAX: (905) 739-4001**