



SPRING SCHOOL 2013 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):

Guide/Personal Assistance I will provide my own One is required

	Hotel	Event
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Alternative Communication

- French Translation
- Real Time Captioning
- Alternative Media
- Large Print (Font Size _____)

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

Electronically

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 8th, 2013** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or FAX: 905-739-9740



Family or Dependent Care Subsidy

Name of Claimant:	Local No.
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CUPE only reimburses expenses in excess of regular fees. (e.g. if your regular fees are \$30.00 per day and attendance at the CUPE function requires you to pay \$40.00, you would therefore claim the "excess fee" of \$10.00). **You may claim up to \$50.00 per day – receipts must be attached.** Please indicate the dates for expenses incurred, and the **excess** daily cost.

Name of Function or Conference: Spring School 2013

DATE	COST (per day)
TOTAL	\$

Cheque to be made payable to: **Claimant**

Local Union

Mailing Address:

_____ (1) _____
Signature of Claimant

_____ (2) _____

*signatures of 2 officers of the Local,
 one of whom is not the claimant*

This form must be completed and forwarded no later than 30 days following the dates claimed to:
CUPE Ontario
80 Commerce Valley Dr. E., Suite 1
Markham , ON L3T 0B2
Phone: 905-739-9739 Fax: 905-739-9740

Cheque # _____
Date: _____