



# 2010 FALL SCHOOL 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 paid for by CUPE Ontario):

**Guide/Personal Assistance**

Provide own

Required

	<b>Hotel</b>	<b>Event</b>
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 \_\_\_\_\_)

**Materials in advance**

Electronically

Do you want an audio tape of the event?      Yes       No

**Diet restrictions, please specify:**

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**Serious allergy alert** (Please specify)

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

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

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**Other services?** (Please specify)

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Please complete and return **ONE MONTH BEFORE START OF EVENT** to:

CUPE Ontario Access Request  
305 Milner Ave., Suite 801  
Scarborough, Ontario M1B 3V4  
(416) 299-9739 or FAX: (416) 299-3480