

ACCESS & SERVICES FOR PERSONS WITH DISABILITIES

Registered delegates or observers attending the 2005 CUPE National Convention who require assistance when the convention is in session are requested to complete the form below and return it to the CUPE National Convention Office.

CUPE will endeavour to make appropriate arrangements for all requests received by August 17, 2005.

NAME: _____

ADDRESS: _____

CHARTERED ORGANIZATION (local, council, etc.): _____

TELEPHONE NUMBER during working hours: _____

E-MAIL ADDRESS: _____

Which of the following applies to you?

Wheelchair user: electric manual

Braille or alternate print user (such as large print)

Sign language or real time captioning user

Other: _____

Do you require a personal care attendant to assist you?

Yes No

If yes, your personal care attendant should accompany you to the convention.

Do you require convention material in:

Computer disc File type (Word, PDF, ...) _____
CD ROM File type (Word, PDF, ...) _____
Braille
Large print Font style and size: _____
Other
Please specify: _____

Do you require?

Sign language interpretation: ASL QSL
Real-time captioning Yes No
Other
Please specify: _____

Do you require assistance in the event of an emergency?

Yes No

If yes, please provide details:

Although we are not providing meals at the convention, to ensure everyone's safety, please list any allergies including specific dietary needs, for example, vegetarian, lactose intolerant, etc.:

Do you require accessible transportation from the airport?

Yes No

If yes, please provide the following information:

Arrival: _____
DATE TIME FLIGHT NO. AIRLINE

Departure: _____
DATE TIME FLIGHT NO. AIRLINE

Which of the following would you require at the hotel?

Wheelchair accessible Yes No
Guide dog requirements Yes No

Other requirements (please explain):

*Please provide details on services you require that have not been covered.
Please keep in mind that CUPE will provide services at the convention site only. Outside activities are the responsibility of the delegate or observer.*

Other comments:

Please return the completed form to:
**(to be received no later than
August 17th)**

Canadian Union of Public Employees
Convention Office
21 Florence Street
Ottawa ON K2P 0W6