



CUPE NATIONAL CONVENTION
October 7 – October 11
Email: convention@cupe.ca
Web: cupe.ca
Hashtag: #cupe2019

CONGRÈS NATIONAL DU SCFP
7 octobre – 11 octobre
Courriel : congres@scfp.ca
Internet : scfp.ca
Mot-clic : #scfp2019

ACCESS AND SERVICES FOR PERSONS WITH DISABILITIES

This form should be completed by the delegate attending the 2019 CUPE Convention and requiring assistance. Please ensure the document is returned with the completed credential to the CUPE National Office by **August 23, 2019**. Copies of this form are available for download at cupe.ca.

CUPE will endeavour to make appropriate arrangements for all requests received by the deadline.

Name: _____

Address: _____

Chartered organization (local, council, etc.): _____

Telephone: daytime () _____ evening () _____

Email: _____

WHICH OF THE FOLLOWING APPLIES TO YOU?

- Wheelchair/Scooter user
- Braille or alternate print user (such as large print)
- Sign language or real time captioning user
- Noise Sensitivity

Other: _____

DO YOU REQUIRE CONVENTION MATERIAL IN:

- USB Key: File type (Word, PDF, ...) _____
- Braille _____
- Large print: Font style and size: _____
- Other _____

Please specify: _____

WHICH OF THE FOLLOWING DO YOU REQUIRE US TO PROVIDE?

- Wheelchair/Scooter: electric manual
- Sign language interpretation: ASL QSL
- Real-time captioning
- Noise cancelling headphones
- Other _____

Please specify: _____



WILL YOU BE ACCOMPANIED BY A PERSONAL CARE ATTENDANT?

Yes No

Do you need CUPE to hire a personal care attendant? Yes No

If yes, please describe your needs? _____

Please list emergency contact information for your personal care attendant.

Do you require assistance in the event of an emergency? Yes No

If yes, please provide details: _____

DO YOU REQUIRE ACCESSIBLE TRANSPORTATION FROM THE AIRPORT?

Yes No

If yes, CUPE will provide names and contact details of local accessible taxis.

**WHICH OF THE FOLLOWING WOULD YOU REQUIRE AT THE HOTEL?
(NOTES THIS APPLIES TO HOTELS BOOKED THROUGH WE TRAVEL ONLY)**

Wheelchair accessible Yes No

Wheelchair accessible shower Yes No

Guide dog Yes No

Flashing lights technology Yes No

Other requirements (please explain): _____

Do you have any other accommodation needs? Yes No

If yes, please specify: _____

Other comments: _____

Please return the completed form
with your credential to:

**(to be received no later than
August 23, 2019)**

Canadian Union of Public Employees
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Ottawa, Ontario K1G 0Z7
Fax: 613-237-3193