



ACCESS AND SERVICES FOR PERSONS WITH DISABILITIES

Registered delegates attending the 2015 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 *with their credential*.

CUPE will endeavour to make appropriate arrangements for all requests received by September 18, 2015.

NAME: _____

ADDRESS: _____

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

TELEPHONE NUMBER: daytime: _____

evening: _____

EMAIL: _____

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 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 a personal care attendant to assist you? Yes No

If yes, what are your exact needs?

Is CUPE to hire a personal care attendant?

Or will you be accompanied by someone?

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 (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	<input type="checkbox"/>	No	<input type="checkbox"/>
Wheelchair accessible shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Guide dog	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other requirements (please explain):

Please provide details on services you require that have not been covered:

Other comments:

Please return the completed form with your credential to:
(to be received no later than September 18)

Canadian Union of Public Employees
Convention Office
1375 St. Laurent Blvd.
Ottawa, Ontario K1G 0Z7
Fax: 613-237-3193