



NATIONAL BARGAINING WOMEN'S EQUALITY CONFERENCE

FEBRUARY 10-13, 2009, MONTRÉAL

(4) Access and Services for Persons with Disabilities

Delegates attending CUPE's *National Bargaining Women's Equality Conference* who need assistance WHEN THE CONFERENCE IS IN SESSION are required to complete this form.

CUPE will endeavour to make appropriate arrangements for all requests received **no later than January 11, 2009.**

Please print

Name of Delegate: _____

Local Union Number: _____

Mailing Address (# and street): _____

City: _____

Province: _____

Postal Code: _____

Telephone – Home: _____

Work: _____

Fax: _____

E-mail: _____

Which of the following applies to you?

Wheelchair user: Motorized Manual

Your personal care attendant will accompany you to the conference?

Please provide the name and contact number of your attendant:

Name: _____

Telephone: _____

Do you require conference material in:

- Computer disc File type (Word, PDF, ...) _____
- CD ROM File type (Word, PDF, ...) _____
- Braille
- Large print (specify): _____
- Other (specify): _____

Do you require sign language interpretation?

- QSL
- ASL
- Real-time captioning
- Other (specify): _____

Do you require assistance in the event of an emergency?

If yes, please provide details (name & telephone number of contact person): _____

Do you require information about accessible transportation from the airport?

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

Other comments: _____

**Please keep in mind that
CUPE will provide services
at the conference site only.
Outside activities are the
responsibility of the delegate.**

**PLEASE RETURN THIS FORM
NO LATER THAN JANUARY 11, 2009 TO:**

**CUPE National Office
National Bargaining Women's Equality Conference
Equality Branch
1375 St. Laurent Blvd
Ottawa, ON K1G 0Z7**

Please make additional copies as required.
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