

**OFL SOLIDARITY & PRIDE CONFERENCE
 "BUILDING UNION PRIDE"
 GRAND HOTEL, TORONTO, ONTARIO
 MAY 22-24, 2009**



Personal Assistance Request Form

Name of Delegate _____

Union/Organization _____ Local _____

Address _____

City/Prov. _____ Postal Code _____

Telephone: [work] _____ [home] _____

[E-Mail] _____

1. NATURE OF YOUR ACCESSABILITY NEEDS

- | | |
|--|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Deaf/Hearing Impaired |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Coordination Impairment |
| <input type="checkbox"/> Speech Impairment/
Communications Disability | <input type="checkbox"/> Use of a Wheel Chair |
| <input type="checkbox"/> Other, please specify: _____ | |

2. HOTEL/CONFERENCE ACCOMMODATION

Please check which of the following you would require at the hotel and/or conference?

	HOTEL	CONFERENCE
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodation Requirements <i>(Please Specify)</i>		

3. PERSONAL ASSISTANCE

Will you be accompanied by a guide dog? Yes _____ No _____

Do you have a personal care attendant to assist you? Yes _____ No _____

4. ALTERNATIVE MEDIA

Will you need resource material in alternate media? Yes _____ No _____

If yes, please specify:

Large Print (preferred font size _____) _____

Braille _____

Computer Diskettes _____

Other (please specify) _____

5. CONFERENCE SERVICE

Requests for the services provided by Ontario Interpreter Services must be received no later than **April 17, 2009**.

6. SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Do you have any dietary requirements or allergies that we should make the hotel aware of to assist them in their meal preparation?

Yes _____ No _____

If yes, please specify: _____

PLEASE RETURN TO:

**ONTARIO FEDERATION OF LABOUR
"Solidarity and Pride Conference"
202 - 15 GERVAIS DRIVE
TORONTO ON M3C 1Y8**

FAX: 416-441-0722