

OFL ACCOMMODATION CONFERENCE

JUNE 21-JUNE 22, 2008

PERSONAL ASSISTANCE REQUEST FORM

1. Nature of Your Disability

Mobility impairment _____ Deaf/Hearing impaired _____

Blind/Visually impaired _____ Coordination impairment _____

Speech impairment _____ Non-visible physical impairment _____

Communications disability _____

Other _____

2. Personal Assistance

Do you have a guide dog? Yes _____ No _____

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

If yes, will your personal care attendant accompany you to this conference?
Yes _____ No _____

3. Alternative Media

Resource materials will be available on the OFL Web Page www.ofl.ca

Will you be using this source? Yes _____ No _____

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

If yes, please provide specific information:

4. 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:

Delegate Name: _____

(Please print)