

OFL 2ND ABORIGINAL GATHERING
“WALKING IN OUR MOCCASINS”
SHERATON HAMILTON HOTEL
116 KING STREET W. HAMILTON, ON L8P 4V3
JUNE 2 – 4, 2010

**PERSONAL ASSISTANCE
REQUEST FORM**

PLEASE COMPLETE AND RETURN BY MAY 14, 2010

If you require any special type of assistance, please complete the form below and return it to the Ontario Federation of Labour no later than **May 14, 2010**. The Ontario Federation of Labour will endeavour to make the appropriate arrangements.

NAME: _____

ADDRESS: _____

AFFILIATE UNION: _____

PHONE NUMBER during working hours: _____

_____ Mobility impaired

_____ Blind or visually impaired

_____ Will you be accompanied by a guide dog?

_____ Use of a wheelchair

_____ Deaf or hearing impaired

_____ Will you have an attendant with you?

TYPE OF SERVICE

Do you require material in alternate media?

_____ Yes _____ No

If yes, please specify:

What services, if any, do you require if you are deaf, hearing impaired, blind or visually impaired?

Please specify:

Do you require special assistance in the event of an emergency?

_____ Yes _____ No

Please provide details if you require attendant services:

Other comments:

Please complete and return by **May 14, 2010** to:

Ontario Federation of Labour
15 Gervais Drive, Suite 202
Toronto, ON M3C 1Y8
Fax: 416-441-1893 Toll Free #: 1-800-668-9138
Attention: Paulette Hazel