

SISTER TO SISTER

OFL WOMEN'S LEADERSHIP SUMMIT

Mar 24 - 26, 2017

Unifor Family Education Centre,
Port Elgin



Personal Assistance Request Form

Please complete and return by February 20, 2017

Name _____

Affiliate Union _____

Address: _____

City: _____ Postal Code: _____

Phone Number (during working hours) _____

Email: _____

_____ Mobility impaired

_____ Blind or visually impaired

_____ Will you be accompanied by a guide dog

_____ Use of a wheelchair

_____ Will you have an attendant with you

_____ Deaf or hearing impaired

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: _____

RETURN TO: Ontario Federation of Labour, 202-15 Gervais Drive, Toronto, ON M3C 1Y8,
attention: Paulette Hazel or by email at phazel@ofl.ca