



SPECIAL NEEDS REQUEST FORM

(check as many as apply)

If you require assistance to make the convention and facilities accessible, it is essential that you complete this form and return, by March 15, 2005 to:

REVP, Ontario
Suite 608-90 Eglinton Avenue East
Toronto, Ontario M4P 2Y3
(facsimile #) (416) 485-8607

General Information:

Name: _____ Tel.: (_____) _____

Fax: (_____) _____ TDD: (_____) _____

Convention Status: (4) Delegate : _____ Observer : _____ Guest : _____

Please describe your needs and how we may accommodate you:

(Example: I cannot walk long distances, food allergies/special diet, guide dog, etc.)

Personal Care: (4)

Yes / No

I require a personal care attendant to assist me in meeting personal needs during the convention. Yes No

Will your personal attendant accompany you to this meeting? Yes No

Do you require assistance in this regard from the meeting organizers? Yes No

(Please specify)

Communication: (4) American Sign Language

Oral Interpretation

Sound Amplification

Assistance for emergency evacuation of convention area? (4)

Yes No

Alternate Media: (4) Braille

Large Print

3½ Diskette (Word)

3½ Diskette (WordPerfect)
