



# 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 14, 2008 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: 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, wheelchair/walker, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Personal Care:

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:

American Sign Language

Oral Interpretation

Sound Amplification

Assistance for emergency evacuation of convention area?

Yes  No

Alternate Media: Braille

Large Print

3½ Diskette (Word)

3½ Diskette (WordPerfect)

