



## Delegate Request Form For Accessibility Assistance

Delegates attending the 2011 CUPE BC Division Convention who require assistance when the convention is in session are required to complete this form. Please ensure all your delegates receive a copy of this information.

CUPE will endeavour to make appropriate arrangements for all requests received **no later than February 28, 2011.**

(Please print)

Name: \_\_\_\_\_

Local Union #: \_\_\_\_\_

Mailing Address (# and street): \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Which of the following applies to you?

Wheelchair user:

Motorized

Manual

Your personal care attendant will accompany you to the conference.  
Please provide the name and contact number of your attendant:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Do you require conference material in:

- Computer disc      File type (Word, PDF...) \_\_\_\_\_
- DVD                      File type (Word, PDF...) \_\_\_\_\_
- Large print (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

Do you require sign language interpretation?

- ASL
- Real-time captioning
- Other (specify): \_\_\_\_\_

Do you require assistance in the event of an emergency?

If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide details on services you require that have not been covered.

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

Please keep in mind that CUPE BC will provide services at the convention site where possible only. Outside activities are the responsibility of the delegate.

Other comments:

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

Please fax this form to CUPE BC at 604-291-9043 no later than **February 28, 2011.**