

PERSONAL ASSISTANCE REGISTRATION FORM
2009 BPS CONFERENCE AND SECTOR DIVISION MEETINGS

November 26, 27, 28, 2009

Last Name _____	First Name _____
Home Address _____	
City _____	Postal Code _____
Email _____	
Phone (Home) _____	(Work) _____
Local # _____	

MEETING FLOOR

Please specify the kind of interpretation, if required:

- Deaf Hearing Impaired Blind/Vision Impaired Wheelchair

Are there any special needs to be accommodated for any meeting activities?

- Yes No

Please specify:

Please note: If you have back problems, please bring your own Obus Forme.

ACCOMMODATION

• Please notify the hotel directly, if you have special needs for your stay.

**Please FAX to Brenda Buchan at 416-448-7451 or email to
collectivebargaining@opseu.org by October 16, 2009**