

PERSONAL ASSISTANCE REQUEST FORM

**AMBULANCE DIVISION (SECTOR 1)
PRE-BARGAINING CONFERENCE
Delta Meadowvale Hotel – October 25, 2005**

LAST NAME _____ FIRST NAME _____

STREET _____

CITY _____ POSTAL CODE _____

PHONE (Work) _____ (Home) _____

LOCAL _____

Blind or visually impaired _____

Deaf or hearing impaired _____

Wheelchair _____

I use crutches and need to be near an elevator _____

Please specify any other special requirements _____

I will need special assistance in evacuating my room _____

Arrival Date _____ Departure Date _____

RETURN THIS FORM TO: Agnela Pereira Fax: (416) 448-7451 (along with your Credential Form) no later than September 25, 2005