

**HEALTH CARE DIVISIONAL COUNCIL**

**Workplace Violence Campaign Workshop – November 20, 2008  
Region 3**

**Personal Assistance and/or Special Needs request form**

PLEASE PRINT

NAME \_\_\_\_\_

LOCAL \_\_\_\_\_

IF APPLICABLE, PLEASE FILL IN AND RETURN TO TINA FURMAN ALONG WITH YOUR ATTENDANCE/ADVANCE FORM, **NO LATER THAN Thursday, OCTOBER 16, 2008.**

- Blind or visually impaired
- Deaf or hearing impaired
- Wheelchair hub to hub measures: \_\_\_\_\_cm
- I use crutches and need to be near an elevator
- I will need assistance evacuating my room
- Food allergies (please specify) \_\_\_\_\_
- Vegetarian

Please specify any other requirements: \_\_\_\_\_

\_\_\_\_\_