

**PERSONAL ASSISTANCE REQUEST FORM**

**HOSPITAL PROFESSIONALS DIVISION  
PROVINCE-WIDE DEMAND SET MEETING  
Radisson Hotel Toronto East – November 21 & 22, 2008**

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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 \_\_\_\_\_

**IMPORTANT:** Please return this form by **October 3, 2008** to: *Agnela Pereira* (Fax: 416-448-7451), Email: [apereira@opseu.org](mailto:apereira@opseu.org)