



HOSPITAL PROFESSIONALS DIVISION
PROVINCIAL DEMAND-SETTING MEETING
November 19 & 20, 2010
Courtyard by Marriott, Toronto

PERSONAL ASSISTANCE REQUEST FORM

LAST NAME _____ FIRST NAME _____

STREET _____

CITY _____ POSTAL CODE _____

PHONE (Work) _____ (Home) _____

LOCAL _____ EMPLOYER _____

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 18, 2010** to: **Collective Bargaining**
(Fax: 416-448-7451), Email: apereira@opseu.org