

PERSONAL ASSISTANCE REQUEST FORM

**HOSPITAL PROFESSIONALS DIVISION
PRE-BARGAINING CONFERENCE
Delta Chelsea Inn – December 2, 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 _____

IMPORTANT: Please return this form by **November 14, 2005** to: **Agnela Pereira (Fax: 416) 448-7451), Email: apereira@opseu.org**