



Women's Empowerment in Difficult Economic Times  
OPSEU's Biannual Women's Conference  
Sheraton Parkway Toronto North  
November 6<sup>th</sup> - 8<sup>th</sup>, 2009

**Personal Assistance Request Form**

Last Name _____	First Name _____
Home Address _____	
City _____	Postal Code _____
Email _____	
Phone (Home) _____	(Work) _____
Local # _____	Regional Office _____

**PLEASE CHECK:**

- |   |  |
|---|--|
| <input type="checkbox"/> Blind or visually impaired                   | <input type="checkbox"/> Deaf or hearing impaired                            |
| <input type="checkbox"/> I use a Wheelchair (Hub to hub measurements) | <input type="checkbox"/> I use crutches/need to be near an elevator          |
| <input type="checkbox"/> I have dietary restrictions or special needs | <input type="checkbox"/> I will need assistance in evacuating a room quickly |

Are there any special needs to be accommodated for any of the conference activities?  
(e.g., sign language interpretation; large print documents, dairy-free)

Yes  No

Please specify:

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Registration deadline: September 14th, 2009  
Please fax to Equity Unit at 416-448-7419 or email to [equity@opseu.org](mailto:equity@opseu.org)