



# OPS Conference & Divisional Meetings 2010



## PERSONAL ASSISTANCE REQUEST FORM NOVEMBER 6&7, 2010

Last name _____	First name _____
SIN or OPSEU# _____	
Home Address _____	
City _____	Postal Code _____
Phone (Home) _____	(Work) _____
Local # _____	Ministry _____
Date of Arrival: _____	Date of Departure: _____

- Deaf or hearing impaired \_\_\_\_\_
- Blind or visually impaired \_\_\_\_\_
- Wheelchair \_\_\_\_\_ (Wheel hub to hub measures \_\_\_\_\_ cm.)
- I use crutches and need to be near an elevator \_\_\_\_\_
- I need a French translation device \_\_\_\_\_
- Other \_\_\_\_\_

### **ACCOMMODATION**

**Please notify the hotel directly if you have special needs that require special accommodations which include the following:**

- I will need assistance in evacuating my room
- I use crutches and need to be near an elevator
- I use mobile scooter

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

### **RETURN FORM TO:**

(Along with your **Credential** and **Childcare & Workshop** forms **no later than October 8, 2010** to the attention of: Cynthia Forsyth, OPSEU, Job Security, 2nd Floor, 100 Lesmill Rd., Toronto, ON M3B 3P8- Fax 416-443-8888-8762.