

PERSONAL ASSISTANCE REQUEST FORM
OPS CONFERENCE AND DIVISIONALS MEETING –NOVEMBER 15 & 16, 2008

| | |
|------------------------|--------------------------|
| 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 _____

*****Please note ergonomic chairs cannot be provided. If you have back problems, please bring your own obus form.**

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 shower

Arrival Date: _____

Departure Date: _____

RETURN FORM TO: (Along with your **Credential** and **Childcare & Workshop** forms **not later than September 26, 2008** the attention of: Cynthia Forsyth, OPSEU, Job Security, 2nd Floor, 00 Lesmill Rd., North York, ON M3B 3P8-Fax 416-448-7462)

If you have any questions please call Cynthia Forsyth at 1-800-268-7376 ext. 8762