OFL/FTO

BUILDING BRIDGES INSTEAD OF FENCES:
THE FIRST ABORIGINAL GATHERING

Crowne Plaza Toronto Don Valley
1250 Eglinton Ave. E., Toronto, Ontario
From June 12 – 14, 2007

Personal Assistance Request Form

Return by May 31, 2007

Name of Delegate:	**Local No.**
Address: _____ _____ **City, Province** **Postal Code**	
Telephone: (Home)	**Telephone: (Work)**
Fax:	**E-mail:**

1. NATURE OF YOUR ACCESSIBILITY NEEDS

- Mobility Impairment _____
- Deaf/Hearing Impaired _____
- Blind/Visually Impaired _____
- Coordination Impairment _____
- Speech Impairment/ Communications Disability _____
- Use of a Wheel Chair _____

Other, please specify: _____

2. HOTEL/SEMINAR ACCOMMODATION

Please check which of the following you would require at the hotel and/or seminar?

	HOTEL	**SEMINAR**
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodations Requirements *(Please Specify)*		

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3. PERSONAL ASSISTANCE

Do you have a guide dog? Yes _____ No _____

Do you have a personal care attendant to assist you? Yes _____ No _____

If yes, will your personal care attendant accompany you to this conference? Yes _____ No _____

4. ALTERNATIVE MEDIA

Will you need resource material in alternative media? Yes _____ No _____

If yes, please specify:

Large Print (preferred font size _____) _____

Braille _____

Computer Diskettes _____

Other (please specify) _____

_____

5. CONFERENCE SERVICE

Requests for the services provided by Ontario Interpreter Services must be received no later than the date indicated below.

6. SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Do you have any dietary requirements or allergies that we should make the hotel aware of to assist them in their meal preparation?

Yes _____ No _____

If yes, please specify: _____

_____

PLEASE MAIL OR FAX COMPLETED FORM NO LATER THAN May 31, 2007 TO:

MARGARET LAW
ONTARIO FEDERATION OF LABOUR
15 GERVAIS DRIVE, SUITE 202
TORONTO, ON M3C 1Y8
(FACSIMILE): 416-441-0722