

ASSISTANCE REQUEST FORM

If you require assistance to make Convention and its related facilities accessible, complete this form and return it to PSAC Prairies by January 26th, 2011.

I am registering as (check one):

Delegate **Observer** **Guest**

Contact Information:

Name: _____

Phone: (W) _____ TDD: _____

(H) _____ Fax: _____

Email: _____

NATURE OF ASSISTANCE OR ACCOMMODATION REQUIRED

Please describe your needs and how we may accommodate you:

(Example: I cannot walk long distances, have food allergies, require a special diet, require an adjustable chair, etc.)

On-site childcare for delegates:

If there are any requests by delegates, on-site childcare will be provided during Convention hours.

I require childcare Number of children: _____ Ages of children: _____

If you require a personal attendant to assist you during convention:

Will your personal attendant accompany you? Yes No

If you require assistance in this regard from Convention organizers, please specify:

Please indicate whether any of the following assistance is required:

American Sign Language	<input type="checkbox"/>	Emergency Evacuation Assistance	<input type="checkbox"/>
Braille	<input type="checkbox"/>	Written Translation	<input type="checkbox"/>
Oral Interpretation	<input type="checkbox"/>	Oral Translation	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	Language Required?	
Sound Amplification	<input type="checkbox"/>		

Please return the completed form (by January 26th, 2011) by Fax to 204-943-0652 or by mail or courier to:

PSAC Prairie Convention Registration
Suite 460 – 175 Hargrave Street Winnipeg MB R3C 3R8