



**Learn to read a hospital operating budget ...
and so much more!**

Personal Assistance Request Form

Return by October 11, 2006

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

1. NATURE OF YOUR DISABILITY

If you consider that you have a disability, how would you categorize your condition?

- Mobility Impairment _____
- Blind/Visually Impaired _____
- Speech Impairment/
Communications Disability _____
- Deaf/Hearing Impaired _____
- Coordination Impairment _____
- Non-visible Physical
Impairment _____

Other, please specify: _____

2. HOTEL/MEETING ACCOMMODATION

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

CITY _____

	HOTEL	MEETING
Check-in Assistance		
Wheelchair		
Guide Dog Requirements		
Assistance in case of evacuation		
Other Special and/or Accommodations Requirements <i>(Please Specify)</i>		

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) _____

Please mail or fax completed form ASAP to:

**FAC WORKSHOPS
15 Gervais Drive, Suite 202
Toronto, ON M3C 1Y8
(Fax) 416-441-1893**