



SPECIAL NEEDS FORM

1. Do you self-identify as a member with a disability? Yes _____ No _____

2. If yes to the above question, then what are the functional limitations arising from your disability? (*You do not need to disclose your diagnosis.*)

3. Do you require documentation in alternative media?

Diskette _____

18 Font _____

Other (please specify): _____

4. Do you require sound amplification? Yes _____ No _____

5. Do you require

Sign language? _____

Oral interpreter? (For persons who are hard of hearing) _____

Reader? (For persons who are visually impaired) _____

6. If not indicated above, please list suggestions for accommodating your functional limitations.

a. _____

b.

You may be required to provide relevant medical documentation that will assist us to respond to your request. This information will not be disclosed except where necessary to respond to your request for accommodation.

SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

1. Do you have any dietary requirements or any allergies that we should be aware of? Yes _____ No _____

2. If yes, please specify:

Chemical sensitivity _____

Nut allergy _____

Food restriction _____

Other _____

HOTEL ACCOMMODATION

Which of the following would you require at the hotel?

Wheelchair accessible room _____

Room with only one bed _____

Room with two beds _____

Special cleaning requirements (*please specify*) _____

Other (*please specify*) _____

Name

Local

return to:

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