Accommodations Request Form

To provide you with any disability-related accommodations we need to know your needs as soon as possible. In order for us to accommodate you please fill out this form and return it to:

Conference contact: ____________________________________________
Address: ______________________________________________________
Phone Number: _________________________________________________

We will need medical verification from your physician which confirms your needs for the accommodations you request. Please send it to us along with this form. This information will be kept confidential, and will be used only to provide you with the accommodations you need. If you have any questions, please call the phone number listed above.

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
<th>___________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address: _________________________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>Phone Number: __________________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>Name of conference: _____________________________________________________________________________</td>
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<tr>
<td></td>
<td>Dates of conference: ___________________________________________________________________________</td>
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</tbody>
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Housing accommodation needs:

- [ ] A first floor/wheelchair-accessible room and bathroom
- [ ] Close proximity to a bathroom
- [ ] Grab bars in bathroom stalls
- [ ] Handicap parking space
- [ ] Refrigerator access for medication storage
- [ ] Visual fire alarm
- [ ] Lever hardware on doors (instead of doorknobs)
- [ ] Telecommunication Device for the Deaf (TDD)
- [ ] Personal assistance in bathing, grooming, dressing, eating, etc.*
- [ ] Full-time (live-in) attendant services*
- [ ] Dietary accommodations (please specify):
- [ ] Accommodations for a guide/service dog

Conference accommodation needs:

- [ ] Print materials in alternate format (please specify):
- [ ] Sign Language interpreters
- [ ] Assistive Listening Device system
- [ ] Door-to-door transportation (for those with severe mobility or stamina limitations)
- [ ] Sighted guide services

Other (please be as specific as possible): ____________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Must be paid for by attendee