

## **Accessibility questionnaire**

The New Democratic Party strives to make each Convention as accessible as possible. In addition to working directly with each delegate who specifies accessibility needs when they register, the Party undertakes a survey to identify overall accessibility requirements. If any delegates selected by your organization have accessibility needs, please ask them to complete this questionnaire and return it to Convention Headquarters by email **info@edmonton2016.ca** 

To ensure delegate's needs are met, we request that the accessibility questionnaire be completed and returned to Convention Headquarters soon after delegates have been selected.

If you have any questions regarding accessibility at Convention, please email info@edmonton2016.ca

Thank you and see you at Convention!

PLEASE NOTE: Submission of this form does not constitute registering for convention.

•	•	te your preferred method of communication.	
NAME			
RIDING		PHONE	
EMAIL			
		formation, resolutions, etc.)	
CD	FILE TYPE (WORD, RTF, ETC	.)	
BRAILLE			
LARGE PRINT	FONT STYLE AND SIZE		
OTHER	PLEASE DESCRIBE		
SIGN LANGUAGE INTERPRETATION		ASLQSL	
OTHER, PLEASE I	DESCRIBE		
	discuss your need  NAME  RIDING  EMAIL  Do you require de in an alternate for the company of the	MAME  RIDING  EMAIL  Do you require delegate materials (general in in an alternate format?  CD FILE TYPE (WORD, RTF, ETC BRAILLE  LARGE PRINT FONT STYLE AND SIZE	

cope:225-cm

Do you require att	endant care during t	ne Convention?	
If yes, please indi	cate when attendant	care is required	
AT THE CONVENT  AT YOUR ACCOM			
IN TRANSIT FROM	ACCOMMODATION TO	CONVENTION CENTER	
Please briefly des	cribe your requireme	ents	
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Do you require a n	nobility aid be made	available to you at the con-	vention center?
YES NO			
If yes, please des	cribe the mobility aic	I you require	
Do vou require ac	cessible transportation	on from the airport, train or	hus station?
YES NO			buo dianom.
If yes, please prov	∕ide your expected a	rrival and departure time.	
ARRIVAL:			
DATE	TIME	LOCATION	AIRLINE/FLIGHT #
DEPARTURE:			
DATE	TIME	LOCATION	AIRLINE/FLIGHT#
If you require any	additional services th	nat have not been addresse	ed in this questionnaire
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	nem below.		
please describe th	nem below.		
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