# 2.3 Meeting Accommodation Form

**Purpose:** This form will help meeting organizers arrange special accommodations required by attendees.

**Directions:** Distribute this form with meeting invitations.

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| --- |
| Name: |
| Agency/Organization: |
| Contact information (phone, email, other): |

I am bringing:

|  |  |  |
| --- | --- | --- |
| A personal assistant | Yes | No |
| A language translator | Yes | No |
| A service animal | Yes | No |

Please check materials and services needed. (To ensure your request is fulfilled, registration must be received by **[date]**).

* Sign language interpreter, please specify: [Type text]
* Assistive listening device, please specify: [Type text]
* Language translator, please specify: [Type text]
* Other assistance (transportation): [Type text]
* I will be using a wheelchair at the meeting (This information is needed to plan for space accommodations.)
* Special dietary requirements, please specify: [Type text]
* Chemical sensitivity
* Childcare (number, ages) [Type text]

Please return this form by **[date]** to:

**[Name]**, **[Address]**, **[City]**, **[State]**, **[ZIP]**, **[Fax]**, **[E-mail]**

Adapted from: Kailes, J. I. and Jones, D. *A Guide to Planning Accessible Meetings.* Houston, Texas: Independent Living Research Utilization (ILRU), Research and Training Center on Independent Living. 1993.