

## SAMPLE EVENT REGISTRATION INFORMATION

The meeting site is accessible. Amplification will be used. Persons attending the meeting are requested to refrain from using scented personal care products to enhance accessibility for everyone, including those with allergies and chemical sensitivity. Persons requiring additional services or alternative formats to participate in the meeting should complete this form and contact [*name*] at [*phone, TTY, FAX*] or [*e-mail*] by [*date*] with questions or clarification information. Write additional information on the back of this form.

In order to participate I will need:

- Transportation to and from the event
- Accessible parking space
- Chair with armrests or special seating considerations: \_\_\_\_\_
- Sign language interpreter
- Assisted listening device with  ear buds  neck loop
- Note taker
- Reader
- Captioning (e.g. CART - projected notes of what is said)
- Large print materials: font size needed \_\_\_\_\_
- Braille handouts
- Print materials provided digitally by e-mail
- Guide or orientation to facility
- Accommodations for service dog
- Special diet: explain \_\_\_\_\_
- Assistance with meal: explain \_\_\_\_\_
- Other: \_\_\_\_\_
- An assistant will accompany me (needed for meal count)
- I am driving and would be able to provide transportation
- I am able to assist with inclusion and accessibility in these ways:  
\_\_\_\_\_

Feel free to contact me for more information  Yes  No

Name \_\_\_\_\_ Best contact method \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_