

PHYSICALLY CHALLENGED DELEGATES REQUEST FORM
Transportation/Equipment/Materials/Seating
NEA Annual Meeting 2006
Orlando, FL

Note: this form is used to request transportation/equipment/materials/seating/services only and does not include voting options. Voting preferences are requested when you register as a Physically Challenged Delegate at the Orange County Convention Center.

I have read and understand the Procedures for Physically Challenged Delegates, and have attached the following evidence of eligibility for Physically Challenged Services. I will present the same evidence (or photocopy) when I register in person at the Los Angeles Convention Center.

- Letter from my physician on his/her letterhead indicating the need for Physically Challenged Services.
- Physician's prescription form indicating the need for Physically Challenged Services
- State-issued vehicle registration card with Physically Challenged endorsement.

First Name: _____ Last Name: _____ State Association: _____
Address: _____ City: _____ State: _____ Zip code: _____
Telephone: Home _____ Work _____ Portable/cell: _____

What days and time of day are most convenient to reach you? _____
I am staying at the following NEA Official Hotel: _____

Transportation Services (complete if applicable)

Never assume service will be provided without confirmation from the Physically Challenged Office. If you have not received a call from NEA by June 9th, please call Sean McCoy, (202) 822-7603.

Please indicate the date, time, pick-up place and destination for your first transfer: Date: _____ Time: _____

Pick-up Location: _____ Destination: _____

I require a companion for assistance. Physician's note verifying the need is attached.

Do you require a lift vehicle? No Yes If yes, is your combined chair/body weight greater than 500 lbs? Yes No

Other information we should know: _____

Equipment (check if applicable)

- I require a teletypewriter telephone I require a collapsible wheelchair at the convention center (no fee).
- I require and will pay the rental cost of a motorized wheelchair. Closed captioning is always available.
- I require and will pay the rental cost of an electric scooter.

Materials (check if applicable)

- I require Braille copy of official documents I require magnified copy of official documents

Special Needs (check if applicable):

- I require interpretation services for the Hearing Impaired during the Representative Assembly
- I require, and will pay for, oxygen. Please provide more information: _____
- Other: _____

Seating Options (check one)

- If wheelchair seating can be accommodated, I wish to be seated with my State Delegation.
- I prefer to be seated in the Physically Challenged area of the RA floor.
- I prefer to be seated with my state Delegation.

COMPLETE AND RETURN THIS FORM, ALONG WITH REQUIRED DOCUMENTATION, **BY JUNE 1, 2006** to:
Sean McCoy *** 1201 16th Street, NW, Washington, DC 20036 *** Fax (202) 822-7767