

CEC 2019 ADA ACCOMMODATION REQUEST

Please complete the information requested and forward to CEC by **November 1, 2018**. It's easy—complete, save and send to Renee Glasby at reneeg@cec.sped.org. Thanks!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # (W) _____ (Cell) _____ (H) _____

FAX _____ E-MAIL _____

DATE(S) NEEDED: _____

ACCOMMODATION(S) NEEDED:

- | | |
|---|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Braille Program |
| <input type="checkbox"/> Power Chair | <input type="checkbox"/> Program on Thumb drive |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Large Print Program |
| <input type="checkbox"/> Sign Language Interpretation <i>(please specify needs)</i> | |

CART (Communication Access Realtime Translation) Services

Accessible Hotel Accommodation(s) *(please specify accommodation(s) requested at the time of room reservation)*

OTHER:

Please contact RENEE GLASBY at reneeg@cec.sped.org or 703-264-9422 with additional questions.

FOR CEC USE ONLY

Follow-up arrangements made:
