

## Special Needs Request Form

The Planning Committee would like to know if you need any special accommodations to assist you in participating in this year's Annual Meeting of the Connecticut Conference of the United Church of Christ in October. We have begun with an accessible facility and we are willing to work towards other modifications brought to our attention. Please help us by appropriately filling in the brief questionnaire below, as it pertains to you or to your guest. Please help us to start helping you.

### DO YOU NEED ANY OF THE FOLLOWING ACCOMMODATIONS?

Nearby parking because of physical limitations	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<b>LARGE PRINT</b> printed materials?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Printed materials put onto cassette tape?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Special Seating? <i>(If yes, explain:)</i> _____	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sign language interpreter?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Entire Meeting?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Workshop you plan to attend? <i>(If yes, which workshop(s):)</i> _____ _____	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Materials translated into Spanish?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Other special needs? <i>(If yes, explain:)</i> _____	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you answered "yes" to any of these questions, please forward this completed form no later than **October 1, 2003** to:

Barbara Mansfield  
United Church Center  
125 Sherman Street, Hartford, CT 06105  
or Fax to 860 231-8111  
or email: [barbaram@ctucc.org](mailto:barbaram@ctucc.org)

Your name: \_\_\_\_\_

Your church: \_\_\_\_\_

Your telephone: \_\_\_\_\_ Your email if applicable \_\_\_\_\_