

REQUEST FOR MEETING ACCESSIBILITY ASSISTANCE

Name _____

Address _____

City/State/Zip _____

Telephone (O) _____ (H) _____

I. If you need an accessible guest room, please complete this form and send it to the AAA Meeting Office, 2200 Wilson Blvd., Suite 600, Arlington, VA 22201-3357 by no later than October 22.

_____ Accessible to wheelchair use

_____ Accessible to persons with hearing impairments

For a hearing accessible room, the following signal alerts (visual, tactile, or both) will be required:

_____ Signal Alerts (visual ____, tactile ____, or both ____)

_____ Fire/smoke alarm (note: Please key into my room and alert me in the event of a fire)

_____ Phone ring

_____ Alarm Clock

_____ Door Knock/Doorbell

_____ Amplified Telephone

_____ Closed-caption TV

_____ Text Telephone

II. If you require a sign language interpreter please let us know the day(s) and time(s).

_____ Sign Day(s) _____

_____ Oral Time(s) _____

_____ Sign to voice

III. Do you need any of the following?

_____ Reader

_____ Note-taker

IV. Will you be making a presentation at which you require:

_____ Wheelchair accessible speaker's area and microphone

_____ Sign language interpreter

V. I have the following accommodations need that was not listed above.

Please send requests to:

AAA Meetings Department
2200 Wilson Blvd., Suite 600
Arlington, VA 22201-3357