

Confidential

Deadline to Submit ADA Accommodation Request Form: May 1

ADA Conference Accommodation Request Form

This application for Disability Accommodations is to help CSTE determine what type of accommodations are needed for you to participate in the Annual Conference.

Please note: Individuals must be registered for the Annual Conference before submitting a request for ADA Accommodations.

Name: _____

Email: _____

Conference Confirmation Number: _____

Cell Telephone Number: _____

1. List the accommodations that are needed during your attendance at the CSTE Annual Conference: Wheelchair accessible shuttle from group hotel to convention center, Assistive Listening Device
 - a. _____
 - b. _____
2. For Assistive Listening Devices, schedule information and sessions are required. Please provide the required information in the appropriate day/time block below. CSTE will post the Daily Glance Agenda in March—make copies of this form as needed.

Day		Date	
Start Time		End Time	
Title Session			
Room #		Office Use	

Day		Date	
Start Time		End Time	
Title Session			
Room #		Office Use	

Day		Date	
Start Time		End Time	
Title Session			
Room #		Office Use	

Disclaimer* Attendee is responsible for pick up and return of the device each day. If the device is lost or damaged, attendee is responsible for replacement cost.