

## SPECIAL NEEDS REQUEST FORM

In the space below, describe any special accommodations required to ensure the full participation of a conference participant who has a handicap or other disability.

Participant's Name: \_\_\_\_\_

School/College: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Describe the special needs requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates and approximate times services are needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Form C**