



## Nevada Association of SkillsUSA Special Accommodations 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: \_\_\_\_\_

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

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