

**DISABILITY LODGING REQUEST**Please note required submission dates on back of form!

County		Township	
Email address	s (for confirmation): _		
	y. I understand this 1	request will be grante	eration for lodging based ed on a <b>space available</b> egates from the same
Reason for co	nsideration ( <i>please at</i> t	tach any applicable d	octor's notes):
Arrival Date _	ival Date Departure Date		
Room Type - Circle One:	No Preference (recommended)	1 King Bed	2 Queen Beds
Wheelchair a	ccessible room?	Yes	No
"Wheelchair ac accommodate o	cessible" rooms are limite a wheelchair.	ed, please request one o	only if needed to
Shower/Tub grab bar room?		Yes	No
"Shower/Tub g	rab bar" rooms are limite	ed, please request one o	nly if needed.
Shower chair needed?		Yes	No
<b>Other specia</b> All special need	<b>1 needs?</b> Is noted will be passed o	n to the Hershey Lodge	for assignment.
Attendee's Signature		Da	te <b>OVER</b>
			UVER

If individual is registering on-line, this form must be completed in full and received by PSATS prior to the close of business February 1, 2016 for consideration. Form may be mailed, faxed (717)763-9732, or emailed to: conference@psats.org

If individual is using paper registration, this form must be attached to the Conference Registration Form and <u>received by PSATS prior to the close of business on February 1, 2016 for consideration.</u>