



DISABILITY LODGING REQUEST

Please note required submission dates on back of form!

_____ County _____ Township

Email address (for confirmation): _____

_____ is requesting consideration for lodging based on a disability. I understand this request will be granted on a **space available** basis and **may result in separation of other delegates from the same township.**

Reason for consideration *(please attach any applicable doctor's notes if available):*

Arrival Date _____ Departure Date _____

Room Type -

Circle One: No Preference 1 King Bed 2 Queen Beds
(recommended)

Wheelchair accessible room? Yes No

"Wheelchair accessible" rooms are limited, please request one only if needed to accommodate a wheelchair.

Shower/Tub grab bar room? Yes No

"Shower/Tub grab bar" rooms are limited, please request one only if needed.

Shower chair needed? Yes No

Other special needs? _____

All special needs noted will be passed on to the Hershey Lodge for assignment.

_____ Participant's Signature

_____ Date

OVER.....

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, 2019 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 received by PSATS prior to the close of business on January 31, 2019 for consideration.

CREDIT CARD INFORMATION BELOW IS REQUIRED! THIS WILL GUARANTEE YOUR RESERVATION, HOWEVER NOTHING WILL BE CHARGED TO THE CREDIT CARD AT THIS TIME.

Credit Card Type (circle one):

Visa

Mastercard

Discover

American Express

Name as it appears on card: _____

Card Number: _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: _____ / _____

Billing Address (that the card is billed to):

Phone: _____