

Workshop Registration
AccessAbility Services
University of Toronto at Scarborough

Workshop Name	
Workshop Date	
Time	
Location	

Name	
Student Number	
Telephone Number	
Cell Number	
Email Address	

<p>What accommodations do you require?</p> <p><input type="checkbox"/> Note Taking <input type="radio"/> Carbon Paper <input type="radio"/> Computerized</p> <p><input type="checkbox"/> Alternate Format Materials Please specify: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>What knowledge do you hope to gain from this workshop?</p>
<p>How did you find out about this seminar?</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Poster</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Other: _____</p>