

North Indiana Conference United Methodist Church

Disability Needs Awareness Survey

As members of the Disability in Ministries Committee, we are committed to work with our membership to make their experience at Annual Conference as comfortable as possible. In regards to that effort, please answer the following questions that apply to you.

1. Do you have special dietary requirements? Yes_____ No_____
If you order banquet tickets (on another form in this mailing), please be sure to write a note on your order form as to specific dietary requirements.

2. Do you have vision needs? Yes_____ No_____
If yes, do you need special seating? Yes_____ No_____

3. Do you have hearing loss? Yes_____ No_____
If yes, do you need closed captioning? Yes_____ No_____
If yes, do you need a sign language interpreter? Yes_____ No_____

4. Do you need handicapped parking? Yes_____ No_____

5. Do you need shuttle bus service? Yes_____ No_____

6. Do you need help with a wheelchair? Yes_____ No_____

If there are any other special accommodations that you need, please feel free to let us know on this form. Alerting us to your needs in advance allows us time to make arrangements so that you can have a wonderful experience at annual conference. Thank you for taking the time to complete this survey. Please return to: Disability in Ministries Committee, PO Box 869, Marion IN 46952.