

Business Professionals of America Regional Leadership Conference Special Needs Request Form

**MUST BE SUBMITTED AT SAME
TIME AS REGIONAL
REGISTRATION**

- ☐ Please type
- ☐ Duplicate as needed
- ☐ Make a copy for your files

Use this form to request special needs for participation in the Regional Leadership Conference and related assessment events.

Student Name	
Advisor Name	
School Name	
School Address	
School City, State, Zip	
School Phone & Ext.	
School Fax	
Advisor E-mail Address	

Do you require a wheelchair accessible room?		Yes		No
Do you have any disability that might require special services?		Yes		No
If yes to any of the above, please check the appropriate one:		Mobility impaired		Visually impaired
		Hearing impaired		Wheelchair use
	Other:			
Do you have any disabilities which might require special materials		Yes		No
If yes to any of the above, indicate the assessment events in which the student is participating:				
In which form would you need to receive contest materials		Regular print		Braille
		Large print		On cassette tape
Will you need a certified sign language interpreter?		Yes		No
Will you need a reader?		Yes		No
Any other types of assistance:				

OFFICE USE ONLY (Resolution to be sent to chapter advisor)	
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