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**Accessibility Services Request Form**

*Please fill in the form and email it to* [*iacas@premium.co.il*](mailto:iacas@premium.co.il)*, no later than February 20, 2019.*

**Last Name** -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name** - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** - Male / Female

**Cell Phone Number** - \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Vehicle Registration Plate Number** - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accessibility Services required:**

Linguistic Simplification

Live Transcription

Translation to Sign Language

Assistive Listening Devices / Sound Amplifiers

Accessible Parking

Accessible Parking for a Tall Vehicle

Special Seating Arrangements:

Accessible Adjusted Seat (with arms)

Reserved Space for a Wheelchair

Personal Seating Aide

Reserved Space for a Service Animal / Dog

Other (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_