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**Accessibility Services Request Form**

*Please fill in the form and email it to* *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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_