

University of Pittsburgh at Johnstown
Campus Accessibility
Log Cabin Event

This form MUST be submitted prior to booking the scheduled event.

Campus Organization: _____ Event Date: _____

Contact Person: _____ Phone: _____

I, the undersigned, am a designated representative of the above-referenced organization and understand that the Log Cabin facility is not handicap accessible. Although the University has offered to provide an alternative, handicap accessible location for my organization's event, my organization still wishes to proceed with the reservations process for the Log Cabin.

I recognize that our organization (referenced above) is responsible for gathering information as to the attendees' need for handicap accessibility and agree to ensure accessibility by MOVING the event if one or more of the attendees indicates a need for handicap access. In this regard, I have provided everyone invited to this event with a copy of the Mandatory Questionnaire attached to this form.

I acknowledge that no one indicated in response to the Mandatory Questionnaire that they or their guests require handicap access. I have attached a list of attendees to this event registration form. This form and its attachments should be submitted to Conference Services.

I verify, under penalty of perjury, that the above representations attributed to me are true and correct to the best of my knowledge, information and belief.

Signature, Organization Representative

Print Name

Date

MANDATORY QUESTIONNAIRE:

The _____ is preliminarily scheduled at a location on the University
Name of the Event
of Pittsburgh at Johnstown Campus that is not handicap accessible. The event will be moved to a different location in the event anyone planning to attend may require a handicap accessible location. Please indicate if you or your guest(s) may require a handicap accessible location, with amenities such as accessible parking, ramps, water fountains, doors, hallways and/or restrooms.

Please check Yes or No:

___ YES, handicap access will be required.

___ No, handicap access will not be required.

Please return this Mandatory Questionnaire to: _____

Name and contact information
of Organization's Representative