**Meeting Attendee Preference**

To help us facilitate the smooth running of the event you will be attending, we are required to collect some personal information in advance. **Please complete all the boxes and return the form via email to your meeting organiser**.

The information gathered will be reviewed for contract tracing purposes and will be held for at least 21 days after your event or for the minimum period we are legally required to hold the data, before automatically being destroyed.

**Event Details**

|  |  |
| --- | --- |
| **Date of Event:** | Click or tap to enter a date. |
|  | |
| **Name of Event:** |  |
|  | |
| **Name of Company hosting the Event:** |  |
|  | |
| **Organisers Contact Phone Number:** |  |
|  | |
| **Organiser’s Email Address:** |  |
|  | |

**Meeting Attendee Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full name:** |  | | | | | |
|  | | | | | | |
| **Email Address:** |  | | | | | |
|  | | | | | | |
| **Where you are travelling from:** | Choose an item. | | **Mode of transport to the venue:** | | Choose an item. | |
|  | | | | | | |
| **Have you within the 14 days prior to date of event been in any lockdown areas of the UK?** | | | Yes | | No | |
| **If yes, please specify where:** | | |  | | | |
|  | | | | | | |
| **Have you within the 14 days prior to date of event visited any high-risk countries? (*please refer to*** <https://www.gov.uk/foreign-travel-advice>)**:** | | | Yes | | No | |
| **If yes, please specify where:** | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | | | | | |
| **Your catering choice:** | Meat | Fish | | Veggie | | Vegan |
|  | | | | | | |
| **Special dietary advice:** |  | | | | | |
|  | | | | | | |
| **Details of Allergens:** |  | | | | | |
|  | | | | | | |

***This section is to be completed by the Meeting organiser before the event, the whole form must be returned to the 15Hatfields team 48hrs before the meeting starts, details will be cross checked on the meeting/ event day.***

|  |  |  |
| --- | --- | --- |
| **MIA COVID Secure declaration sent?** | Yes | No |
|  | | |
| **MIA COVID Secure declaration returned?** | Yes | No |
|  | | |

***This section is to be completed by the 15Hatfields team/event organiser***

|  |  |
| --- | --- |
| **Assigned seating No:** |  |
|  | |