**Paphiopedilum Society of NSW**

 **ATTENDANCE REGISTER Date: ………………..**

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| **No.** | **Full name** | **Contact Details****(Telephone No./Email Address** | **In the previous 14 days, have you:** **• Had any COVID-19 symptoms?** **• Been in contact with any confirmed/suspected COVID-19 case?** **• Travelled internationally?****(Yes/No)** |
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