**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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