

Registration Form

Table number:

Date:

Time:

The government requires us to register the contact details of all guests to ensure that the GGD can conduct an investigation to find the source and contacts more quickly in case of an COVID19 infection. We kindly request you to fill in the information below for all persons at the table.

First/last name	_____
E-mail address	_____
Phone number	_____

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E-mail address	_____
Phone number	_____

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Your data are only kept for the purpose of conducting an investigation to find the source and contacts by the regional GGD and will be destroyed after 14 days. By completing this form you consent to use your data for this purpose.

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