

Seminar Attendance Form

Please fill out the following details to confirm your attendance. All fields marked with ***** are required.

Participant Details

Full Name *	<input type="text"/>
Email Address *	<input type="text"/>
Contact Number *	<input type="text"/>
Organization/Institution	<input type="text"/>
Position/Title	<input type="text"/>

Session Preferences

Select Sessions to Attend *	<input type="checkbox"/> Session 1: Opening & Keynote
	<input type="checkbox"/> Session 2: Workshop A
	<input type="checkbox"/> Session 3: Workshop B
	<input type="checkbox"/> Session 4: Panel Discussion
	<input type="checkbox"/> Session 5: Networking
Dietary Restrictions	<input type="text"/> e.g., vegetarian, halal, allergies
Accessibility Needs	<input type="text"/> Please specify if any

Consent & Signature

<input type="checkbox"/> I confirm that the information provided above is accurate.	
Signature	<input type="text"/> Type your full name
Date	<input type="text"/>

Submit Attendance