Corona Questionnaire for Participation in the

Archaeo-Informatics Conference 2022

Name:

Address:

Presenter ☐

Title of the presentation:

Participant without own presentation ☐

Corona-Status
Vaccinated ☐

Recoverd ☐

Tested ☐

I confirm that all the information I have provided is correct. All requested documents are attached to this form.

Date, Signature