

**OUTPUT:**

**General Admission Registration**

Name

First Name

Last Name

Email

sample@example.com

Gender

☐ Male

☐ Female

Phone

Emergency Contact

Do you require parking?

☐ Yes

☐ No

What is your Room Preference?

☐ Single Room

☐ Shared Room

☐ No Room Needed

Do you have dietary restrictions?

☐ None

☐ Vegetarian

☐ Gluten Allergy

☐ Lactose Allergy

☐ Nut Allergy

☐ Shellfish Allergy

What activities will you attend?

☐ Awards Gala Dinner

☐ Luncheon

☐ Gluten Allergy

Do you want to see the list of other attendees and their profiles on the official event app?

☐ Yes

☐ No