

Participants List

Event: Stakeholder Workshop

Date:

VV.XX.YYYY

Place: Municipality of _____ / Conference Room

	First Name	Last Name	Organization	Email	City	Country	Accept videos + photos ^{b)}	Gender	Signature
1.							<input type="checkbox"/>	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Diverse <input type="checkbox"/> I rather not respond	
2.							<input type="checkbox"/>	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Diverse <input type="checkbox"/> I rather not respond	
3.							<input type="checkbox"/>	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Diverse <input type="checkbox"/> I rather not respond	
4.							<input type="checkbox"/>	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Diverse <input type="checkbox"/> I rather not respond	