

SCHIRN KUNSTHALLE FRANKFURT

DATE

DATE
ARRIVAL

EXHIBITION
NAME

For the sake of your health and the health of all of us, we ask that you leave your contact information and contact details. According to § 6 s. 1 CoronaVO we are obliged to collect and store the following data and to make it available to the Public Health Office in case a chain of infection needs to be traced. Thank you.

NAME, FIRST NAME

STREET
ADDRESS

POSTAL CODE, CITY

TELEPHONE

COMPANIONS FROM JOINT HOUSEHOLD

NAME, FIRST NAME

NAME, FIRST NAME

NAME, FIRST NAME

NAME, FIRST NAME

NAME, FIRST NAME

NOTE: BY FILLING OUT THIS FORM, I CONSENT TO MY DATA BEING KEPT FOR THE ABOVE PURPOSE. IT WILL NOT BE PROCESSED ELECTRONICALLY AND WILL BE DESTROYED AFTER FOUR WEEKS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT. DATENSCHUTZ@SCHIRN.DE.

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