Official Guest RSVP

For formally invited guests only. Complete the required information so the CHA Secretariat can verify your invitation and administer attendance. Submission does not automatically confirm admission.

01 Guest details

GUEST FULL NAME *

EMAIL ADDRESS *

TELEPHONE / WHATSAPP *

INVITATION REFERENCE *

02 Attendance

- [ ] I accept the invitation and plan to attend.
- [ ] I decline the invitation.

PREFERRED NAME FOR GUEST LIST / BADGE

ORGANISATION / TITLE (OPTIONAL)

PRIVACY AT THE POINT OF RSVP

CHA uses this information for invitation verification, event administration, guest management, security and protocol where applicable. It is not added to a marketing list. General RSVP records are scheduled for deletion 90 days after the event, subject to a live query or legal need.

03 Approved plus-one

APPROVED PLUS-ONE FULL NAME

PLUS-ONE EMAIL (ONLY IF NEEDED)

Only include a plus-one where your invitation permits one. Tell the person that CHA will use the details for guest-list and event administration.

04 Optional arrangements

DIETARY REQUIREMENTS (OPTIONAL)

ACCESSIBILITY / ACCOMMODATION REQUIREMENTS (OPTIONAL)

USE ONLY WHAT IS NEEDED

Dietary or accessibility information can reveal health or belief-related information. You may leave these fields blank and contact the Secretariat privately. If you provide details, describe only the arrangement needed—not a diagnosis or medical history.

☐ If I supplied dietary or accessibility details, I explicitly agree that CHA may use them solely to arrange my attendance. I understand that I may withdraw this choice before the event, subject to arrangements already made.

05 Photography and filming

EVENT PHOTOGRAPHY & MEDIA NOTICE

Photography, filming and audio recording take place during The Capital Health Awards for event coverage, archive, editorial communication and proportionate promotion. Speak with the guest team before the event if you have a safety, dignity or accessibility concern. Arranged interviews, testimonials and individual promotional shoots require a separate release where appropriate. Full notice: thecapitalhealthawards.com/event-media

06 Guest declaration

☐ I confirm that the RSVP and guest information is accurate.

☐ I have read and understood the CHA Privacy Notice and Event Photography & Media Notice.

TYPED FULL NAME / SIGNATURE *

DATE (DD / MM / YYYY) *

SUBMIT THE COMPLETED FORM TO

thesecretariat@thecapitalhealthawards.com

Subject: CHA 2026 Guest RSVP - [Guest Name] - [Invitation Reference]

Do not send patient records, passwords or unrelated identity documents.

Alternative: use the secure online RSVP on the Guest Experience page. CHA may contact you to verify your invitation. Keep a copy of the completed form and do not email sensitive information you do not wish to provide.