Klarstig

# Healthcare & Wellness Event Date Poll

Record a preference on the stated decision. Review the available choices and note any constraints that affect your participation.

## Contact and reference

**Organization using this document**

**Your name or contact reference**

Optional. Leave blank if you do not want to identify yourself in this local draft.

**Email for a reply if needed**

## Information for this document

**Decision or question being considered ***

**Your first choice ***

**Your second choice**

**Availability or constraints affecting your choice**

**How strongly do you prefer your first choice ***

- ☐ Essential for me
- ☐ Preferred but flexible
- ☐ No strong preference

**Reason or suggestion**

## Specific details

### Event for which a date is being chosen

Complete when relevant to this request.

### Preferred dates unavailable dates and relevant time zone

## Operating context

### Facility service or administrative reference

Complete when relevant to this request.

### Practical access scheduling and authorized communication arrangements

## Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

**Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.**

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