Immagine che contiene Carattere, Elementi grafici, logo, grafica

Descrizione generata automaticamente**Booking request for mobility aids (hand-pushed wheelchairs):**

|  |  |
| --- | --- |
| **Name and Surname \*** |  |
| **E-mail** |  |
| **Phone number \*** |  |
| **Event days \***  Tick the boxes of the required dates | Jenuary, 18th 2025  Jenuary, 19th 2025  Jenuary, 20th 2025  Jenuary, 21st 2025  Jenuary, 22nd 2025 |
| **Pick up at \***  Tick the box of the required entrance | SOUTH Entrance Infirmary  g  EAST Entrance Infirmary  WEST Entrance Infirmary |
| **Additional notes** |  |

\* Mandatory request

**Send the completed form to the e-mail address** [helpdesk.rn@iegexpo.it](mailto:helpdesk.rn@iegexpo.it)**.**

**You will receive booking confirmation.**