**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**.**

**You will receive booking confirmation.**