

Booking request for mobility aids (hand-pushed wheelchairs):

Name and Surname *	
E-mail	
Phone number *	
Event days * <small>Tick the boxes of the required dates</small>	<input type="checkbox"/> January, 16 th 2026 <input type="checkbox"/> January, 17 th 2026 <input type="checkbox"/> January, 18 th 2026 <input type="checkbox"/> January, 19 th 2026 <input type="checkbox"/> January, 20 th 2026
Pick up at * <small>Tick the box of the required entrance</small>	<input type="checkbox"/> SOUTH Entrance Infirmary <input type="checkbox"/> EAST Entrance Infirmary <input type="checkbox"/> 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.