

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

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|---|--|
| Name and Surname * | |
| Email | |
| Phone number * | |
| Event days * <small>Tick the boxes of the required dates</small> | <input type="checkbox"/> March 17 th , 2026 <input type="checkbox"/> March 18 th , 2026 <input type="checkbox"/> March 19 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 email address helpdesk.rn@iegexpo.it.
You will receive booking confirmation.