



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

Name and Surname *	
Email	
Phone number *	
Event days * Tick the boxes of the required dates	<input type="checkbox"/> April 12 th , 2026 <input type="checkbox"/> April 13 th , 2026 <input type="checkbox"/> April 14 th , 2026
Pick up at * Tick the box of the required entrance	<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.**