

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

<b>Name and Surname *</b>	
<b>E-mail</b>	
<b>Phone number*</b>	
<b>Event days *</b> <small>Tick the boxes of the required dates</small>	<input type="checkbox"/> 12 April 2026 <input type="checkbox"/> 13 April 2026 <input type="checkbox"/> 14 April 2026
<b>Pick up at</b>	Infermeria Ingresso SUD
<b>Additional note</b>	

\* Mandatory request

**Send the completed form to the email address [helpdesk.rn@iegexpo.it](mailto:helpdesk.rn@iegexpo.it). You will receive booking confirmation.**