

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

Name and Surname *	
E-mail	
Phone number *	
Event days * Tick the boxes of the required dates	☐ March, 4 th 2026 ☐ March, 5 th 2026 ☐ March, 6 th 2026
Pick up at * Tick the box of the required entrance	☐ SOUTH Entrance Infirmary ☐ 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.