ITALIAN EXHIBITION GROUP
Providing the future

SIGEP WORLD

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

Name and Surname *	
E-mail	
Phone number *	
Event days * Tick the boxes of the required dates	☐ Jenuary, 23rd 2027 ☐ Jenuary, 24th 2027 ☐ Jenuary, 25th 2027 ☐ Jenuary, 26th 2027 ☐ Jenuary, 27th 2027
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.