

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

Name and Surname *	
Email	
Phone number *	
Event days * Tick the boxes of the required dates	☐ September 22 nd , 2026 ☐ September 23 rd , 2026 ☐ September 24 th , 2026 ☐ September 25 th , 2026
Pick up at * Tick the box of the required entrance	☐ SOUTH Entrance Infirmary ☐ EAST Entrance Infirmary
Additional notes	

* Mandatory request

Send the completed form to the email address helpdesk.rn@iegexpo.it.
You will receive booking confirmation.