



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

Name and Surname *	
Email	
Phone number *	
<b>Event days *</b> Tick the boxes of the required dates	April 7, 2024 April 8, 2024 April 9, 2024
<b>Pick up at</b> Tick the box of the required entrance	SOUTH Entrance Infirmary
Additional notes	

## \* Mandatory request

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