

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

|  |   |
|--|---|
| <b>Name and Surname *</b>  |   |
| <b>Email</b>   |   |
| <b>Phone number *</b>  |   |
| <b>Event days *</b><br><small>Tick the boxes of the required dates</small> | <input type="checkbox"/> March 12, 2024<br><input type="checkbox"/> March 13, 2024<br><input type="checkbox"/> March 14, 2024 |
| <b>Pick up at</b><br><small>Tick the box of the required entrance</small>  | <b>SOUTH Entrance Infirmary</b>   |
| <b>Additional notes</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.