

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

Name and Surname *	
Email	
Phone number *	
Event days * Tick the boxes of the required dates	☐ November 24 th , 2026 ☐ November 25 th , 2026 ☐ November 26 th , 2026
Pick up at Tick the box of the required entrance	SOUTH Entrance Infirmary
Additional notes	

* Mandatory request

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