ITALIAN EXHIBITION GROUP
Providing the future

FISHING | BOATING | OUTDOOR
PESCARE SHOW

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

| | |
|---|---|
| **Name and Surname *** | |
| **Email** | |
| **Phone number *** | |
| **Event days *** <br> Tick the boxes of the required dates | ☐ February 13th, 2026 <br> ☐ February 14th, 2026 <br> ☐ February 15th, 2026 |
| **Pick up at *** <br> Tick the box of the required entrance | ☐ SOUTH Entrance Infirmary <br> ☐ EAST Entrance Infirmary <br> ☐ WEST Entrance Infirmary |
| **Additional notes** | |

* Mandatory request

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