

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

<b>Name and Surname *</b>	
<b>E-mail</b>	
<b>Phone number *</b>	
<b>Event days *</b> <small>Tick the boxes of the required dates</small>	<input type="checkbox"/> March, 4 <sup>th</sup> 2026 <input type="checkbox"/> March, 5 <sup>th</sup> 2026 <input type="checkbox"/> March, 6 <sup>th</sup> 2026
<b>Pick up at *</b> <small>Tick the box of the required entrance</small>	<input type="checkbox"/> SOUTH Entrance Infirmary <input type="checkbox"/> EAST Entrance Infirmary <input type="checkbox"/> WEST Entrance Infirmary
<b>Additional notes</b>	

\* Mandatory request

Send the completed form to the e-mail address [helpdesk.rn@iegexpo.it](mailto:helpdesk.rn@iegexpo.it).  
You will receive booking confirmation.