

Promoted by:



In collaboration with:



FORM H

| TECHNICIAN'S CORNER | |
|---|-------|
| EXHIBITOR | |
| CEO/Legal representative | |
| Contact person for the demonstration | |
| e-mail | phone |
| | |
| REQUIRE TO INCLUDE THE FOLLOWING WORKSHOP OR PRESENTATIONS IN TECHNICIAN'S CORNER AREA (from Friday to Sunday and from 10.00 a.m to 5.00 p.m) | |
| DAY FROM | TO |
| Title: Speakers: | |
| Contents (short description): | |
| | |
| | |
| | |
| | |

PLEASE FILL IN THIS FORM AND SEND IT TO mara.garzon@seievent.it DATE SIGNATURE OF CEO/LEGAL REPRESENTATIVE