

ESTIMATE FORM please return by fax: +39 081409957 or e-mail: info@energymed.it

| ☐ First name and surname: | | | |
|--|--|---|--|
| □ Position: | | | |
| □ Company: | | | |
| □ Product Sector: | | | |
| □ Address: | | | |
| □ Town/City: | | | |
| □ Country/Province: | | | |
| □ Post code: | | | |
| □ Country: | | | |
| □ Telephone: | | | |
| □ Fax: | | | |
| □ Website: | | | |
| □ e-mail: | | | |
| □ V.A.T. number: | | | |
| | | ng EnergyMed , that will be held in Nap on quotation for a stand at the event. | les from the 31st of March |
| ☐ Area set up, sq.m: | | | |
| □ Bare area, sq.m: | | | |
| □ Note: | | | |
| | | | |
| data, processes the information that the above-mentioned law processing must be fair, hono possession will not be passed of | n provided by you wi v is designed to prot est and clear and res on to others without p | mation (no.196/2003, clause 13) ANEA, of the the aim of providing the services officeted the privacy of individuals and other spect an individual's privacy and rights prior authorisation. As specified in Italian mation about you without charge and a | ered. We wish to point out er subjects. By law, data s. The information in our Law (no.196/2003, clause |
| | ☐ I accept | ☐ I do not accept | |
| Place | Date | Signature and s | stamp |
| Organized by | _ | | |



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