

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:		
		g EnergyMed , that will be held in Naples from the 30 of March to uotation for a stand at the event.
□ Bare area, sq.m:		
□ Note:		
data, processes the informatio that the above-mentioned law processing must be fair, hon possession will not be passed	on provided by you with w is designed to prote lest and clear and resp on to others without pri	ation (no.196/2003, clause 13) ANEA, owner and processor of the in the aim of providing the services offered. We wish to point out ct the privacy of individuals and other subjects. By law, data sect an individual's privacy and rights. The information in our or authorisation. As specified in Italian Law (no.196/2003, clause ation about you without charge and at any time by writing to
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Place	Date	Signature and stamp
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