

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

☐ First name and surname:			
□ Position:			
□ Company:			
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□ Address:			
□ Town/City:			
□ Country/Province:			
□ Post code:			
□ Country:			
□ Telephone:			
□ Fax:			
□ Website:			
□ e-mail:			
□ V.A.T. number:			
I am interested in exhibiting at the April 2018, and would like a no of □ Area set up, sq.m:		ting <b>EnergyMed</b> , that will be held in Najn for a stand at the event.	ples from the 5 to the 6 of
☐ Bare area, sq.m:		•	
□ Note:			
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data, processes the information pathat the above-mentioned law is processing must be fair, honest possession will not be passed on	provided by you wi is designed to pro and clear and re- to others without p	mation (no.196/2003, clause 13) ANEA, of the aim of providing the services offetect 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	red. We wish to point out er subjects. By law, data The information in our Law (no.196/2003, clause
	☐ I accept	☐ I do not accept	
Place	Date	Signature and s	tamp
One animal has			

Organized by



 $Via\ Toledo,\ 317-80134\ Naples$  - Italy

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