

EXHIBITOR'S INFO

COMPANY NAME

ADDRESS

POSTCODE

CITY

PROVINCE/COUNTRY

NATION

PHONE

EMAIL

WEBSITE

TAX CODE

NATIONAL INSURANCE NUMBER

CODE SDI

PEC

VAT EXEMPT*

* N.B.: in case of VAT exemption (Art 8/8 bis DPR 633/72), attache to this form a signed declaration.

BILLING DETAILS (*only if different from exhibitor's info)

COMPANY NAME

ADDRESS

POSTCODE

CITY

PROVINCE/COUNTRY

NATION

PHONE

EMAIL

WEBSITE

TAX CODE

NATIONAL INSURANCE NUMBER

CODE SDI

PEC

VAT EXEMPT*

* N.B.: in case of VAT exemption (Art 8/8 bis DPR 633/72), attache to this form a signed declaration.

CONTACT PERSON

NAME AND SURNAME

POSITION

PHONE

CELL PHONE

EMAIL

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