

Thank you for your kind cooperation. Please fill in and return to: You can send us the data of your DIANETA Cal

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events also by email, you will find all the instructions in our web site:

www.expofairs.com

NAME OF THE VENUE/SITE						
COUNTRY, CITY AND ADDRESS O	F THE VENUE/SITE					
PHONE	FAX	EMAIL	EMAIL		URL (WEB ADDRESS)	
NAME OF THE ORGANIZER AND	FULL ADDRESS	<u> </u>				
PHONE FAX		EMAIL		URL (WEB ADDRESS)		
		TOWN TO THE PARTY OF THE PARTY		EMAIL		
CONTACT PERSON PH		IONE	FAX	EMAIL		
NAME OF THE CO-ORGANIZER A	ND FULL ADDRESS					
PHONE FAX		EMAIL		URL (WEB ADDRESS)		
WORLDWIDE AGENT AND FULL	ADDRESS					
PHONE	FAX	EMAIL	EMAIL		URL (WEB ADDRESS)	
AGENT IN ITALY AND FULL ADD	RESS	L .				
PHONE	FAX	EMAIL		URL (WEB ADDRESS)		
DATE 1 (dd/mm/yyyy)**		DATE 2 (dd/mm/yyyy)**		DATE 3 (dd/mm/yyyy)**		
ACRONYM/SHORT NAME OF THE	EVENT			l		
FULL NAME OF THE EVENT IN T	HE ORIGINAL LANG	UAGE				
FULL NAME OF THE EVENT IN E	NGLISH					
PRODUCTS/SERVICES CATEGORI	ES (IN ENGLISH)					
REGISTRATION DEADLINE FREQUENCY				LL BY COMPUTER <u>UNDERWRITE</u> THE CHOICE  UNDERWRITE  UN		
FIRST EVENT (YEAR)	EDITION N	UMBER	☐ GENERAL PUBLIC ☐ TRADE VISITORS		□ NATIONAL □ LOCAL	
VISITING HOURS					LOCAL	
PRICE PER SQ. METRE P.P.SQ.M (SHEL		ELL SCHEME PACKAGE) VISITORS, TOTAL NUMBE		ER*	FOREIGN VISITORS*	
DIRECT EXHIBITORS, TOTAL NUMBER*		FOREIGN DIRECT EXHIBITORS*		REPRESENTED FIRMS, TOTAL N.*		
REPRESENTED FIRMS, FOREIGN*		RENTED SPACE, TOTAL SQUARE METRES*		RENTED SPACE, FOREIGN SQ. M.		
NAME OF THE STATISTICS CERTIFYING BODY		MEMBERSHIP/RECOGNITION		INDICATE THE YEAR THE STATISTICS REFEAR TO		