




EXHIBITOR DETAILS			
Company Name			Stand No.
Address			
City	PO Box	Post Code	Country
Contact Name:		Position	
Tel.	Mobile	Fax	
Email	Signature	Date	

RETURN DETAILS	
Please hand over this form to the floor manager onsite on the last day of the breakdown.	
	
Email	
Print	

This is to certify that we are officially handing over the space mentioned below. We understand that the Organizers will initiate claims for any damage caused.

Hall & Stand No.		Hand Over Date		/		/	2027
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REMARKS ON HAND-OVER	
Condition of space and details of any damages (to be filled by Reed Exhibitions representative)	Estimated Cost
For Exhibitor/Contractor	Reed Exhibitions Representative
Name:	Name:
Signature:	Position:
Contractors Company:	Signature:
Date:	Date:

Undertaking: We accept responsibility for any damage caused to the existing structures, finishes and fixtures. We also agree to abide by the regulations stated in the exhibitor's manual issued by the Organizers, details of which are in our possession.

For official use
Remarks:
Name: