



Compulsory for Space Only Exhibitors

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, 17 January 2025	
For inquiries, please contact Operations Department	
 Middle East	
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		/		/	2025
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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: