|  |  |
| --- | --- |
| Résultat de recherche d'images pour "european society of cardiology" |  |
| **EXHIBITOR CERTIFICATE 2019** |
|  |

|  |  |
| --- | --- |
| **EXHIBITOR NAME**: | **CERTIFICATE MUST be returned to:****Alain FRANCIONI****A.F.S. Conseils & Sécurité**76, rue Baudin - 93130 Noisy-le-Sec Francetel: +33 (0)6 70 61 95 11Email: **sps@afsconseils.fr** |
| Hall / Pav.:  | ROW: | BOOTH No.: | Surface: m² |
| Represented by:  |
| Tel:  | Email:  |

|  |
| --- |
| I the undersigned Ms/Mr ……………………………………………………………………………………………………………………………………….…………… representing the company ……………………………………………………………………………………………………………………….................... have read and understood the measures taken by the show's organiser for the **“ESC 2019”** show for the prevention of work-related accidents and health protection.  |

**BELOW MUST BE COMPLETED**

|  |
| --- |
|  **A – IF YOUR STAND IS*** Supplied by the **ORGANISER**
* Installed by you, **one single company**
* Installed by a **decorator without subcontractors**.

**If YES** to one of the above conditions, please send the **Exhibitor Certificate** before 12/08/2019 to **A.F.S. Conseils & Sécurité** |

|  |  |  |
| --- | --- | --- |
| **B – IF YOUR STAND IS** |  |  |
| * Installed by **several independent companies**
 | How many? |  |  |
| * Installed by a decorator using **at least two subcontractors**
 | How many? |  |  |
| * Contains a **mezzanine or very large surface**
 |  |  |
| **If YES** to at least one of the above conditions, you must**, before 12/08/2019 :** |
| 1. Send a blueprint of your stand to **Alain FRANCIONI (SHP Coordinator for the show) - A.F.S. Conseils & Sécurité**
 |
| 1. **Mission a Safety and Health Protection Coordinator** for the booth's set-up and break down periods. French Law dated 31/12/93 N°93-1418 and French Decree dated 26/12/94 N°94-1159. This coordination mission cannot be undertaken by the exhibitor, the booth installer or the design office. It must be conducted by a certified professional who has official French certification.
 |
| 1. Send the contact details of the missioned SHP Coordinator and the General Coordination Plan for Safety and Health Protection (GCP-SHP) for this stand to **Alain FRANCIONI** - **Société A.F.S. Conseils & Sécurité -**
 |
| Coordinator Name: | Company Name: |
| Address: |
| Tel: | Email:  |

|  |
| --- |
| **In conformity with current French legislation,** the Safety and Health Protection Coordinator mandated by the exhibitor must send the GCP-SHP for the booth to Alain FRANCIONI (SHP Coordinator for the show), at least 8 days before the start of event set-up and inform him of the **dates he will be on site**, with their client. |

|  |
| --- |
| **IN ANY AND ALL CASES, you can contact Alain FRANCIONI (SHP COORDINATOR for the show), if you have any questions or would like assistance concerning this procedure.** |

|  |  |
| --- | --- |
| *Company Stamp (MANDATORY)* | *Date & Signature (MANDATORY)* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |