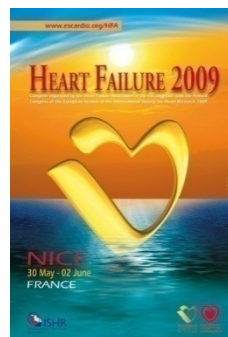


CONTACTS INFORMATIONS

3

HEART FAILURE From 30/05/09 to 02/06/09



Deadline

30/04/2009

PERSON IN CHARGE OF THE STAND

Name :

Position :

Company name :

Address :

Tel :

Fax :

E-mail :

BILLING ADDRESS

Name of the financial manager :

Company name :

Billing address :

Tel :

Fax :

E-mail :

CONTACT PERSON ON THE STAND

Name :

Company name :

Address :

Tel :

Fax :

E-mail :

STAND BUILDER / CONTRACTOR (floor space only)

Name :

Company name :

Address :

Tel :

Fax :

E-mail :

WARNING : Order forms not accompanied by this form duly filled in and the full payment including VAT will not be taken into account.

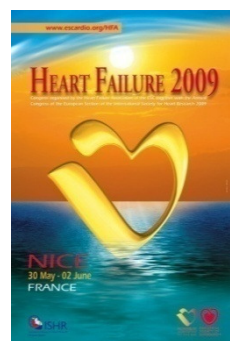
Tarif 2009

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ASSOCIATION LOI 1901 ; SIRET 329 989 511 00012 - APE.9623 – NAF 913E – N°TVA FR 28 329 989 511

DECLARATION FORM FOR
MACHINES IN OPERATION

3

HEART FAILURE From 30/05/09 to 02/06/09



Stand N° :

PLEASE RETURN TO:

NICE ACROPOLIS - Technical Direction

Mr Claude SARTORI

1 Esplanade Kennedy - BP 4083

06302 Nice Cedex4 - FRANCE

Tel : 33 4 93 92 83 72

Fax : 33 4 93 92 83 88

E-mail : csartori@nice-acropolis.com

Company name:

Billing address:

Representative :

Position :

Tel :

Fax :

E-mail :

Deadline

30/04/2009

☐ I DECLARE NEITHER EXHIBITING NOR USING ANY MACHINE OR
PRODUCT REQUIRING THIS FORM TO BE FILLED IN

Specific risks

Electrical power source over 100 KVA :

Flammable liquids (other than in motor vehicle fuel tanks) :

Type :

Quantity :

Type of use :

Risks requiring an application for authorization or a special declaration to be made :

Heat engines or combustion engines :

Smoke generators :

Butane - Propane gas :

Quantity :

Other high-risk gases (acetylene, oxygen, hydrogen, etc ...) :

Type :

Quantity :

Radioactive source :

X-rays :

Laser :

Appliance generating open flame :

Other cases :

Date :

Name :

Position :

Signature :

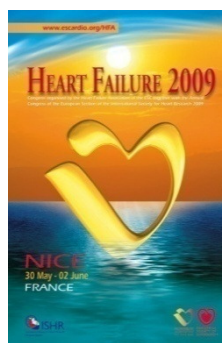
Exhibitor's company stamp

Signature of the Chief Fire Safety
Officer

Tarif 2009

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HEART FAILURE From 30/05/09 to 02/06/09



Stand N° :

PLEASE RETURN TO:

NICE ACROPOLIS - Direction Technique
Mr Claude SARTORI
 1 Esplanade Kennedy - BP 4083
 06302 Nice Cedex4 - FRANCE

Tel : 33 4.93.92.83.72

Fax : 33 4.93.92.83.88

E-mail : csartori@nice-acropolis.com

Company name:

Billing address:

Representative :

Position :

Tel :

Fax :

E-mail :

Deadline

30/04/2009

**DESCRIPTION OF STAND STRUCTURES AND DECORATION ITEMS FITTED UP BY
 THE EXHIBITOR OR HIS STAND BUILDER / CONTRACTOR
 NOT NECESSARY FOR EQUIPMENT SUPPLIED BY NICE ACROPOLIS**

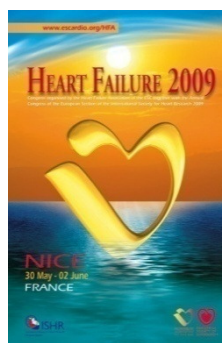
Materials	Position # on diagram *	Thickness in mm	Description / Trade mark	Required	Material rating	
					planned	Laboratory Certificate #
STAND FRAMEWORK				M3		
PARTITION WALLS Hard wood Resinous wood Plywood Chipboard Melamine coated				M3 Thickness: 14 mm 18mm 18mm 18mm 7 or 8 mm		
PARTITION WALL COVERING				M2		
FLOOR COVERING Floor carpeting Carpeting on platform or rostrum				M4 M3		
STAND CEILING awning				M1 - smoke permeable		

* Please mark numbers and position them on the stand diagram, to be returned with this questionnaire.

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HEART FAILURE From 30/05/09 to 02/06/09



Materials	Position # on diagram *	Thickness in mm	Description / Trade mark	Required	Material rating	
					planned	Laboratory Certificate #
PLASTIC MATERIALS				M2		
PAINTS				Water-based paints only		
DECORATION ELEMENTS Hangings Curtains Net curtains Raised relief elements				M2		
TRANSPARENT OR TRANSLUCENT ELEMENTS				- Glass : Tempered or laminated - PVC or Polycarbonate panels : M2		
FURNITURE AND FITTINGS				M3		
Artificial flowers				M2		

* Please mark numbers and position them on the stand diagram, to be returned with this questionnaire.

Date :

Name :

Position :

Signature :

Exhibitor's company stamp

Signature of the Chief Fire Safety Officer

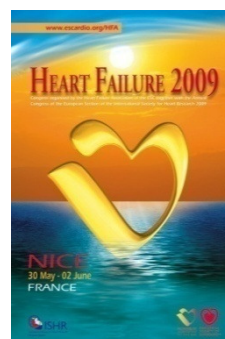
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CERTIFICATE OF ELECTRICAL CONFORMITY

3

HEART FAILURE From 30/05/09 to 02/06/09



Stand N° :

PLEASE RETURN TO:

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Mr Claude SARTORI
 1 Esplanade Kennedy - BP 4083
 06302 Nice Cedex4 - FRANCE

Tel : 33 4.93.92.83.72

Fax : 33 4.93.92.83.88

E-mail : csartori@nice-acropolis.com

Company name :

Billing address :

Representative:

Position :

Tel :

Fax :

E-mail :

Deadline

30/04/2009

CERTIFICATE OF ELECTRICAL CONFORMITY

I, the undersigned In charge of stand #

Company name (if different from the exhibitor) and address :

Certify that the electrical fittings of this booth have been installed by competent staff according to current professional standards, and that the equipment used meet the standards required in buildings open to the public.

Note : If you are a stand builder, please specify your full address, telephone and fax numbers.

Date :

Name :

Position :

Signature :

Exhibitor's company stamp

Tarif 2009

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