COMPULSORY INSURANCE FORM EXHIBITORS

(to be filled in by the **Exhibiting Company**)

Please fill in and return to O.I.C. s.r.l. NO LATER THAN May 6th 2016 BY FAX: +39 055/50.01.912 - or EMAIL: I.panerai@oic.it

			E	MAIL: <u>I.pane</u>	<u>rai@oic</u>	<u>.IT</u>		
The legal representative							Of the Company (full corporate name)	
With registered office in				Zip Code			Country	
Adress							Phone	
VAT Nr/Tax ID Nr					E-mail			
Attending the:	Heart	: Failure 20	16				With stand N°	
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Name and	Surnar	ne:	(The Ad	dherent)				

Date _____ Stamp and signature ____