

EXHIBITION SPACE RETURN PROTOCOL

Name of Event.....

Exhibitor (Company).....

Shell Scheme Contractor.....

Date.....

HALL

STAND NUMBER

Assessment of the exhibition space before the event		
Clean, with no visible mechanical damage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Clean, with no traces of adhesive tape	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (please specify)		

Assessment of the exhibition space after the event		
Clean, with no visible mechanical damage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Clean, with no traces of adhesive tape	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (please specify)		
Waste disposal after the event	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Decision on the deposit's refund confirmed by the Hall Manager	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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/legible signature, Customer/

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/legible signature, Hall Manager/

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/Company stamp/