

Invitation form for visitors

Please e-mail to marketing.dept@ucimu.it or fax to +39 02 26255.885
Deadline for requesting a letter of invitation is 30 days before exhibition

Company name / Name: _____
General Manager: _____
Address: _____
Country: _____
Fax number: _____
Phone number: _____
E-mail: _____
Website: _____
Trade fair: _____
Invitation timeframe: _____
Responsible Italian office:
(Embassy / Consulate) _____

Persons to be invited

(attach additional pages as necessary)

1.) Mr: Mrs: Please tick _____

Given name: _____

Surname: _____

Date of birth: _____

Place of birth: _____

Passport number: _____

Company: _____

Position at company: _____

2.) Mr: Mrs: Please tick _____

Given name: _____

Surname: _____

Date of birth: _____

Place of birth: _____

Passport number: _____

Company: _____

Position at company: _____

Purpose of the visit _____

References of Italian
Companies you are in contact
with (if any): _____

Visit objectives _____

Signature _____/Date: _____