## **Compulsory Shell Scheme Construction Form – The Business Show Group 2025**

	Companies Det	ails			
Company Name:					
Stand Number:					
Contact Name:					
Telephone Number:					
Email Address:					
	Contractors Det	ails			
If you are using a contractor please con	mplete the details below:				
Company Name:		t Name:			
ephone Number: Email Address:					
	Construction T	ype			
□ No amendments require If none of the outlined active stand as provided please to stand as provided please to the stand as provided please to the standard Requestrict If you would like to remove Please note if your neighbor required to have a 1m supposed to the standard Please tick one of the following Erection of freebuilt standard Please tick one of the following Erection of freebuilt standard Please tick one of the following Erection of freebuilt standard Please tick one of the following Erection of freebuilt standard Please tick One of the following Erection of freebuilt standard Please tick One of the following Erection of freebuilt standard Please tick One of the following Erection of freebuilt Standard Please tick One of the following Erection of freebuilt Standard Please tick One of the following Erection One of the followin	vities below apply to your ick the box and return the est the name board fascia. Oring stand also requests port wall on each open said Safety team.  Ing if you are building and or pop-up	e form only.  Is the fascia to be ride. Where this is	removed the case <b>your sh</b>	you may be you may be nell scheme:	:
If you are planning on bring to amanda.coomber@dime Dimensions and descriptio Visual/ Picture Contact Details of the pers	eevents.com n of the stand or pop-up		upply the	following deta	ils direct
Please Tick YES or NO for ea 1 Will any items displayed on y			YES	□ NO	
2 Will there be any electrical a	appliances on your Sta	ınd	YES	□ NO	









