## **Compulsory Shell Scheme Construction Form – White Label World Expo Group 2025**

Compa	nies Details			
Company Name:				
Stand Number:				
Contact Name:				
Telephone Number:				
Email Address:				
Contrac	ctors Details			
f you are using a contractor please complete the details	s below:			
Company Name:	_ Contact Name:			
Telephone Number:	_ Email Address:			
Constru	uction Type			
Fascia Removal Request If you would like to remove the name board Please note if your neighboring stand also required to have a 1m support wall on each contacted by our Health and Safety team.  Please tick one of the following if you are left by the same of the following a populp of the same o	d fascia. requests the fascia to be h open side. Where this is building a stand withir	s the case	you may be	
to amanda.coomber@dimeevents.com  Dimensions and description of the stand o  Visual/ Picture  Contact Details of the person/contractor er				
Please Tick YES or NO for each of the folion 1 Will any items displayed on your stand go a	<b>.</b>	YES	□ NO	
2 Will there be any electrical appliances on	your Stand	YES	□ NO	











