**ALL SPACE ONLY EXHIBITORS MUST COMPLETE THIS FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Booth Number: |  |
| Company (as on contract): |  |
| Email Address: |  | Phone Number: |  |

THIS FORM **DOES NOT** NEED TO BE COMPLETED BY SHELL SCHEME EXHIBITORS

Signed: ………………………………… Date: ………/………/………

|  |
| --- |
| **Details of Construction:** |
| Responsible Person: |  |
| Booth Details & Locations: |  |
| Access: |  |
| Erection & Timetable: |  |
| Stability: |  |
| Lifting: |  |
| Scaffolding: |  |
| COSHH: |  |
| Environment: |  |
| Services: |  |
| Safety Features: |  |
| Exhibits: |  |