

## EXHIBITION SPACE RETURN PROTOCOL

Name of Event.....

Exhibitor (Company).....

Shell Scheme Contractor.....

Date.....

HALL

STAND NUMBER

<b>Assessment of the exhibition space before the event</b>		
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)		

<b>Assessment of the exhibition space after the event</b>		
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"/>

<b>Decision on the deposit's refund confirmed by the Hall Manager</b>	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/