

# MEDICAlliance

## WHERE HEALTHCARE IS GOING

I am interested in receiving information about the following exhibitions:

Please mark the relevant box(es)

I am interested as:

 <b>MEDICA DÜSSELDORF</b>	<b>15–18 November 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>COMPAMED DÜSSELDORF</b>	<b>15–18 November 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>REHACARE DÜSSELDORF</b>	<b>6–9 October 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>FAMDENT SHOW MUMBAI</b>	<b>11–13 February 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>INTEGRATION MOSCOW</b>	<b>June 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR ASIA SINGAPORE</b>	<b>31 Aug. – 2 Sept. 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR BRASIL SÃO PAULO</b>	<b>3–6 May 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR CHINA SUZHOU</b>	<b>9–11 September 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA MUMBAI</b>	<b>7–9 April 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA NEW DELHI</b>	<b>19–21 August 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR THAILAND BANGKOK</b>	Physical <b>9–11 Februar 2022</b> Digital <b>12–18 Februar 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL MANUFACTURING ASIA SINGAPORE</b>	<b>31 Aug. – 2 Sept. 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDITECH BOGOTÁ</b>	<b>7–10 March 2022</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor

Strategic Co-operation:

 <b>ZDRAVOOKHRANENIYE MOSCOW</b>	<b>6–10 December 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
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Please complete the form below or leave your business card.

Reply by e-mail: [medicalalliance@messe-duesseldorf.com](mailto:medicalalliance@messe-duesseldorf.com)

Female  Male

Surname, first name	Job title
Company	Industry sector
Address	
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Country	Phone
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Yes. Please e-mail me information about the marked events.

Signature



**MEDICAlliance**

Messe Düsseldorf GmbH  
Postfach 101006 \_ 40001 Düsseldorf \_ Germany  
Tel. +49 211 4560-01 \_ Fax +49 211 4560-668  
[www.messe-duesseldorf.de](http://www.messe-duesseldorf.de)

