

# 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>13 – 16 November 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>COMPAMED DÜSSELDORF</b>	<b>13 – 16 November 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>REHACARE DÜSSELDORF</b>	<b>13 – 16 September 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>FAMDENT SHOW MUMBAI</b>	<b>2 – 4 June 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR ASIA SINGAPORE</b>	<b>11 – 13 September 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR BRASIL SÃO PAULO</b>	<b>26 – 28 September 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR CHINA SUZHOU</b>	<b>23 – 25 August 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA MUMBAI</b>	<b>2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA NEW DELHI</b>	<b>27 – 29 April 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR THAILAND BANGKOK</b>	<b>13 – 15 September 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL MANUFACTURING ASIA SINGAPORE</b>	<b>11 – 13 September 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDITECH BOGOTÁ</b>	<b>9 – 12 July 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>REHACARE SHANGHAI</b>	<b>29 – 31 August 2023</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor

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

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Company

Industry sector

Address

Town

Postcode

Country

Phone

E-mail

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Yes. Please e-mail me information about the marked events.

Signature



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