

# 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>11 – 14 November 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>COMPAMED DÜSSELDORF</b>	<b>11 – 14 November 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>REHACARE DÜSSELDORF</b>	<b>25 – 28 September 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>FAMDENT SHOW MUMBAI</b>	<b>31 May – 2 June 2024</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>2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR CHINA SUZHOU</b>	<b>21 – 23 August 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA MUMBAI</b>	<b>2026</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA NEW DELHI</b>	<b>20 – 22 March 2025</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR THAILAND BANGKOK</b>	<b>10 – 12 September 2025</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 CHINA SUZHOU</b>	<b>21 – 23 August 2024</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor

Please complete the form below or leave your business card.

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

☐ Female

☐ Male

Surname, first name

Job title

Company

Industry sector

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Town

Postcode

Country

Phone

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

Signature



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