

# 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>18 – 21 November 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>COMPAMED DÜSSELDORF</b>	<b>18 – 21 November 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>REHACARE DÜSSELDORF</b>	<b>18 – 21 September 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>INTEGRATION MOSCOW</b>	<b>19 – 21 June 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR ASIA SINGAPORE</b>	<b>9 – 11 September 2020</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR CHINA SUZHOU</b>	<b>5 – 7 September 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA MUMBAI</b>	<b>5 – 7 March 2020</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR INDIA NEW DELHI</b>	<b>19 – 21 February 2021</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL FAIR THAILAND BANGKOK</b>	<b>11 – 13 September 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDICAL MANUFACTURING ASIA SINGAPORE</b>	<b>9 – 11 September 2020</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>MEDITECH BOGOTÁ</b>	<b>23 – 26 June 2020</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor

Strategic Co-operations:

 <b>HOSPITALAR SÃO PAULO</b>	<b>21 – 24 May 2019</b>	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Visitor
 <b>ZDRAVOOKHRANENIYE MOSCOW</b>	<b>2 – 6 December 2019</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	Job title
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Country	Phone
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Yes. Please e-mail me information about the marked events.

Signature



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