

*copy to be returned*

**MACHINES TO BE EXHIBITED**

STAND OWNER (Company Name) \_\_\_\_\_

| Type of machines or other products (1)  | Dimensions |           |  | Floor support (2) |        |                |  | Real area of support on the floor<br>m <sup>2</sup> | Heaviest machine part<br>kgs. | Machine weight<br>kgs. |
|---|------------|-----------|--|-------------------|--------|----------------|--|---|-------------------------------|------------------------|
|   | Length mt. | Width mt. | Height mt.   | Type              | Number | Dimensions cm. | Pressure Points cm <sup>2</sup>  |   |                               |                        |
|   |            |           |  |                   |        |                |  |   |                               |                        |
| (1) Indicate if the machine is static (S) or in motion (M)<br>(2) Indicate type of support (feet, beams, joists, platform), number of supports, dimensions, support area in cm <sup>2</sup> |            |           |  |                   |        |                |  | Net weight kgs.                                     | .....                         |                        |
|   |            |           |  |                   |        |                |  | Total weight kgs.                                   | .....                         |                        |
|   |            |           |  |                   |        |                |  | Packing kgs.  | .....                         |                        |
| <b>Total number or machines:</b>  |            |           | <b>Heaviest machine kgs.:</b>  |                   |        |                | <b>Tallest machine mt.:</b>  |   |                               |                        |
| Total power required kW .....   |            |           | Water <input type="checkbox"/> NO <input type="checkbox"/> YES - m <sup>3</sup> /h ..... |                   |        |                | Compressed air <input type="checkbox"/> NO <input type="checkbox"/> YES      |   |                               |                        |
| Gas <input type="checkbox"/> NO <input type="checkbox"/> YES  |            |           | Foundations <input type="checkbox"/> NO <input type="checkbox"/> YES                     |                   |        |                | Floor-bolt required <input type="checkbox"/> NO <input type="checkbox"/> YES |   |                               |                        |
| Value of the exhibited machines € .....   |            |           |  |                   |        |                |  |   |                               |                        |

Date \_\_\_\_\_

Stamp and Signature \_\_\_\_\_

**TO BE RETURNED WITHIN 31 OCTOBER 2009**