



# TOP REHAPROTEX MEDICAL FAIR Brno

21.–24. 10. 2015

*Fill in the right table column. Your exhibit will be rated on the website based on this information.*

Name of exhibit	
Exhibitor	
Manufacturer	
Contact to the Entrant (name, address, e-mail, telephone)	
Exhibit description (brief – ca. 5 sentences)	
Exhibit location at the fair (Hall, Stand No.)	
Exhibit image (to be inserted)	
Justification of the exceptional quality of the exhibit (why this exhibit should be awarded, what is new, interesting, advantages, etc.)	
Technical parameters	

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