

# Installation of Compressed Gas Cylinders (no propane allowed)

Hall	Stand No.
Exhibitor	

## Request 2007

**Messe Berlin, ST21:** Fax: +49(0)30/30 38-28 98  
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**For queries:** **Phone:** +49(0)30/30 38-28 49  
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**Application deadline: 2 weeks prior to event**

For approval of installation of compressed gas cylinders please fill in the below listed questionnaire

Period of usage: .....

Type of compressed gas used: .....

Type of usage: .....

Location of cylinders on stand: .....

Daily requirements: Number of cylinders: ..... qty.

Contents of cylinders: ..... kg resp. l  
 Will the compressed gas be supplied via piping?  yes  no over a distance of ..... m in ..... pipes

Are stop valves installed? automatic/manual  yes  no

Are stop valves marked?  yes  no

Are fire extinguishers available? automatic extinguishers  yes  no

portable extinguishers  yes  no ..... nos. with powder filling/with CO<sub>2</sub> filling

Proof of last pressure test .....

The pertinent instructions for the use of the compressed gas cylinder units are available at the location of the exhibition.

Messe Berlin will schedule the official dates for inspection and will inform the exhibitor accordingly (please see C 1 Technical Guidelines, item 5.7)

Name of exhibitor and invoicing address: .....

Invoicing address of ordering company, if not identical with exhibitor: .....

Contact on the stand: ..... Phone: ..... Telefax: .....

E-Mail: .....

We hereby confirm that we have noted the conditions. We accept them as binding and agree to their application.

We are ordering by order and on account of the exhibitor (services will be charged to the exhibitor).

Date: ..... Name of the customer (in block letters): .....

As of: June 2006 / Subject to alteration / Legal venue and place of jurisdiction is Berlin-Charlottenburg

Legally binding signature and company stamp:

