

UFI STANDARD AUDIT CERTIFICATE

Please provide one certificate per event

TO BE COMPLETED BY THE ORGANIZER

Organizer: _____

Name of the event: _____

Venue: _____

Date of the next session: from

D	D

 /

M	M

 /

Y	Y

 to

D	D

 /

M	M

 /

Y	Y

Number of times that the exhibition has been organized previously: _____

Dates of the most recent previous editions and please indicate whether the editions were audited:

- From

D	D

 /

M	M

 /

Y	Y

 to

D	D

 /

M	M

 /

Y	Y

 - Audited: Yes No
- From

D	D

 /

M	M

 /

Y	Y

 to

D	D

 /

M	M

 /

Y	Y

 - Audited: Yes No
- From

D	D

 /

M	M

 /

Y	Y

 to

D	D

 /

M	M

 /

Y	Y

 - Audited: Yes No

TO BE COMPLETED BY THE AUDITOR

Registration system in place (with access control): Electronic Manual

Description of system: _____

TOTAL EXHIBITION SPACE	National (Domestic)	International	Sub-Total
Net indoor exhibition space in square metres			
Net outdoor exhibition space in square metres			
	Total		

EXHIBITORS

Number of national (domestic) exhibitors*	
Number of international exhibitors*	
*excluding represented companies/indirect exhibitors	
Total	

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VISITORS/VISITS	Visitors (1) <i>(to be counted only once)</i>	+ Repeat visits (2)	= Total number of Visits (3)
Number of national (domestic) visitors			
Number of international visitors			
Total			

Figure (1) or figure (3) is compulsory

AUDITOR DETAILS

Name of the auditing organization:	
Address:	Tel:
	Fax:
	Email:
	Website:

Name of the person who conducted the audit:	
Position:	Direct Tel:
Email:	Direct Fax:

DECLARATION

*I/We, the undersigned, hereby certify that the information supplied on this form is correct. I/we agree to abide by UFI Rules and Standards (including the Code of Ethics).
I/we certify that this audit has been conducted in accordance with the "UFI Auditing Rules for the Statistics of UFI Approved Events".*

Name: _____ Signature: _____

Position: _____

Email: _____ Official Stamp

Date: |_|_| / |_|_| / |_|_|