

UFI STANDARD AUDIT CERTIFICATE

PLEASE PROVIDE ONE CERTIFICATE PER EVENT

To be completed by the event organizer:

Organizer:

Name of the event:

Venue:

Date:

N° of times that the exhibition has been organized previously:

Please provide the dates (day, month, year) for the most recent previous editions and indicate whether the editions were audited:

| Day | Month | Year | Audited (Y/N) |
|-----|-------|------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

To be completed by the auditor:

| 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 |

VISITORS/VISITS

| | Visitors (1) (to be counted only once) | + Repeat Visits (2) | = Total number of Visits (3) |
|--------------------------------------|---|---------------------|------------------------------|
| Number of national (domestic) | | | |
| Number of international | | | |
| Total | | | |

Figure (1) or figure (3) is compulsory

Date

Official Stamp

.../..

AUDITOR DETAILS

Name of the auditing organization:

Address:
.....

Name of the person who conducted the audit:

Position:

Email:

Telephone:

Any comments:
.....

Name of the person who completed this form:

Position:

Signature:

This audit has been conducted in accordance with the "UFI Auditing Rules for the Statistics of UFI Approved Events" Version (date) _____ (please complete).

Date

Official Stamp

Please note: this document alone does not confirm UFI Approved Event status