UFI STANDARD AUDIT CERTIFICATE

∕∥)Ufi

The Global Association of the Exhibition Industry

Please provide one certificate per event

TO BE COMPLETED	BY THE (ORGANIZ	ER
Organizer:			
Name of the event:			
Venue:			
Date of the exhibition being audited: $\left _ \right _{D} \right / \left _ \right _{M} $	_ / to	/ / /	YY
Date of the next edition(if known): / / / / / /	to	/ /	
Number of times that the exhibition has been organ	ized previously:	:	
Dates of the most recent previous editions and plea	ase indicate whe	ether the editions	s were audited:
• From / / to /		- Audited:	🗖 Yes 🗖 No
• From / / to /	/ y	- Audited:	🗖 Yes 🗖 No
	O BY THE		R
Registration system in place (with access control):	Electronic	🗖 Manua	al
Description of system:			
г			
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		

17 RUE LOUISE MICHEL – 92300 LEVALLOIS-PERRET – France – Tel: (33) 1 46 39 75 00 – Fax: (33) 1 46 39 75 01 – www.ufi.org
A declaration has been made to the French supervisory authority (the "CNIL") concerning the processing of personal data. In conformity with the French Law of 6 January 1978 "Loi Informatique et Libertés" law number 78-17 concerning data, you can
access this data and request that they be deleted. You can exercise this right by sending a message to: info@ufi.org.

UFI STANDARD AUDIT CERTIFICATE

∕∥)Ufi

The Global Association of the Exhibition Industry

VISITORS/VISITS	Visitors (1) (to be counted only once)	+ Repeat visits (2)	= Total number of Visits (3)
Number of national (domestic) visitors			
Number of international visitors			
Total			
Figure (1) on figure (2) is computed in (

Figure (1) or figure (3) is compulsory

AUDITOR DETAILS

Tel:

Fax:

Email:

Website:

Name of the	auditing	organization:
-------------	----------	---------------

Address:

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

DECLARATION (by AUDITOR)

I/We, the undersigned, hereby certify that the information s that we abide by UFI Rules and Standards (including the C been conducted in accordance with the "UFI Auditing Rules	ode of Ethics) and certify that this audit has
Name:	_ Signature:
Position:	-
Email:	Official Stamp
Date when audit was performed: _ / _ /	
(Please provide audit, at the very latest, 6 months after	R THE END OF THE SHOW)
	(V.10/19)
17 RUE LOUISE MICHEL – 92300 LEVALLOIS-PERRET – France – Tel: (33) 1 laration has been made to the French supervisory authority (the "CNIL") concerning the processing of personal data. In conformity wit access this data and request that they be deleted. You can exercise this	th the French Law of 6 January 1978 "Loi Informatique et Libertés" law number 78-17 concerning data, you o