

UFI STANDARD AUDIT CERTIFICATE

Please provide one certificate per event

TO BE COMPLETED BY THE ORGANIZER

Organizer: _____

Is this event: Physical Digital Hybrid

Name of the event: _____

Venue: _____

Date of the exhibition being audited: |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
D D M M Y Y D D M M Y Y

Date of the next session (if known): |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
D D M M Y Y 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 |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_| - Audited: Yes No
D D M M Y Y D D M M Y Y
- From |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_| - Audited: Yes No
D D M M Y Y D D M M Y Y

Was the last session: Physical Digital Hybrid

TO BE COMPLETED BY THE AUDITOR

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

Description of system: _____

Digital Event - Event platform requires unique identifier. Description of system: _____

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

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EXHIBITORS *(Physical/ Digital/ Hybrid)*

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

VISITORS/VISITS *(Physical/ Digital/ Hybrid)*

	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:

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DECLARATION (by AUDITOR)

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". (Effective June 21)

Name: _____ Signature: _____

Position: _____

Email: _____ Official Stamp _____

Date when audit was performed: |_|_| / |_|_| / |_|_|

(PLEASE PROVIDE AUDIT, AT THE LATEST, 6 MONTHS AFTER THE END OF SHOW)

(V.08/21)