

BEER & FOOD ATTRACTION

THE EATING OUT EXPERIENCE SHOW

beerandfoodattraction.it

27 - 30
MARCH
2022
RIMINI EXPO
CENTRE
professional only



PROCESSING | FILLING | PACKAGING | RAW MATERIALS

BBTech expo

THE PROFESSIONAL TRADE FAIR FOR BEER
AND BEVERAGE TECHNOLOGIES



in collaboration with



organized by

ITALIAN
EXHIBITION
GROUP
Providing the future

HOW TO FILL IN THE DAFNE FORM

<https://applicazioni.regione.emilia-romagna.it/ReportERHome/dafne/forms/rientro-estero>

Personal data

Domiciled/Resident in Italy Yes No

Surname *

Name *

Gender Male Female

Fiscal Code/Tax Code/Unique ID

LEAVE IT EMPTY

Birthdate *

GG/MM/AAAA

Birthplace *

UK x

Domiciled/Resident in Italy:
select "NO"

Fiscal Code/Tax Code: leave it
empty

Birthplace: choose from the list
of countries at the bottom of
the menu after "other"

Contacts

Residency address (street and house number) *

Hotel Abner's Lungomare della Repubblica, 7

Place of stay *

RICCIONE

Mobile phone *

0044 890 3847 29

E-mail address *

example@example.com

Residency Address: write the address of your hotel

Place of Stay: select the city of your hotel

Return information

Date of arrival to Emilia Romagna *

13/03/2022

It CANNOT be prior to March 17, 2020

Country of arrival *

UK

Swab performed before arrival Yes No

Swab type *

Molecular

Swab date *

12/03/2022

Swab time *

13

:

30

Do you have the EU Digital COVID Certificate? Yes No

Certification issuance mode *

Vaccination

Reason for the trip *

Travel abroad for work reasons for a period not exceeding 120 hours

Employer

Swab performed before arrival: write the information (date, type and time) of the swab performed before arrival in Italy (if it is required)

Reason for the trip: select "Travel abroad for work reasons for a period not exceeding 120 hours"

Information about the attending doctor

Doctor of general medicine *

No MMG

If you do not currently have a Doctor, you can write "No MMG" in this field

Doctor phone number *

No MMG

If you do not currently have a Doctor, you can write "No MMG" in this field

Doctor e-mail address

Doctor certified mail

Doctor of general medicine: write "NO MMG"

Doctor phone number: write "NO MMG"