STAND CLEANING QUESTIONNAIRE
Return form to: technical.services@sec.co.uk

Event name……………………… Event Date …………………………………………
Company name…………………… Invoice address …………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

Stand no…………………… Size of stand…………………… (in meters).

DATE CLEANING REQUIRED

☐ Pre-show clean
☐ Event open

From: 
To: 

CLEANING REQUIREMENTS (please tick)

Floor type
☐ Carpet
☐ Laminate
☐ Wood
☐ Vinyl
☐ Other (please specify)

FURNISHINGS (please tick)

☐ Counter tops
☐ Plastic seats
☐ Leather seats
☐ Tables
☐ Other (please specify)

STAND FABRIC (please tick)

☐ Shell scheme
☐ Glass (please specify, ie, glass tables, windows etc)
☐ Walls (please specify what the walls are made from)
☐ Wood
☐ Other (please specify)

*Special clean requirements – please specify below -