

Quotation Request Form



**WSAVA World Congress**

**25 – 27/09/2025**

**Rio de Janeiro**

**DSV SOLUTIONS SPAIN, S.A.U**

C/ de les Argiles, 1 Sector Les Licorelles

ES-08750 Molins de Rei (Barcelona)

Olimpia Rodrigalvarez – olimpia.rodrigalvarez@dsv.com

Lorena Perdomo – lorena.perdomo@dsv.com

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name:** |  | **Contact name:** |  |
| **Stand / Hall No.:** |  | **Sign name:** |  |
| **Date when goods will be ready for collection:** |  | **Date required on stand:** |  |
| **Collection address:** |  |
| **Company registration number:** |  | **Postcode:** |  |
| **VAT Number:**  |  | **Telephone:** |  |
| **Email address:** |  |
| **Print name:** |  |

**Please indicate which of the below services you need (Please tick as required).**

|  |  |
| --- | --- |
|  **Tail lift vehicle required: YES NO**  |  **Forklift at point of loading YES NO**  |
|  **Empties Storage: YES NO**  |  |



**Is the requested transportation:** One way Return



**Contents are:** Pallets Crates Loose cartons Other

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**For shipment per:** Road Sea Air/courier

|  |
| --- |
| **Cargo details**  |
| **Quantity** | **Description of goods** | **Dimensions (cm)** | **Volume (m3)** | **Weight (kg)** | **Stackable** **YES or NO** |
| **L** | **W** | **H** |
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**Customer Special**

**Requirements**

**Value of Goods €**  **Would you like DSV to Quote for transport insurance?** YES NO

 Alternatively, we recommend you use your own insurance policy

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