Service Catalogue for Exhibitors attending the Acute Cardiac Care 2013 held in Madrid from October 12th until October 14th.

1. CONTACT
2. IT TECHNOLOGY SERVICES
3. ORDER FORM

GENERAL NOTES:

- The order must be placed at least 15 days prior the beginning of the event (September 27th the latest). Any Order during the event will be charge with an additional 30% of the total amount.
- This offer is subject to availability.
1. CONTACT

Cristina Egido
Directora de Congresos y Convenciones
Convention & Congress Director
Hotel Auditorium Madrid
cristina.egido@hotelauditorium.com
Tel. +34 91 400 44 56
Fax. +34 91 400 44 59
2. **IT TECHNOLOGY SERVICES**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Price per unit</th>
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</thead>
<tbody>
<tr>
<td>PUBLIC IP (using this 100 Mbit fiber line)</td>
<td>200€</td>
</tr>
<tr>
<td>LAN DROP WIRED INTERNET CONNECTION</td>
<td>30€</td>
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<tr>
<td>PRIVATE SSID</td>
<td>200€</td>
</tr>
<tr>
<td>SPEAKER PHONE</td>
<td>160€</td>
</tr>
<tr>
<td>ANALOGUE PHONE</td>
<td>150€</td>
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**NOTE:**

- Please note that for any IT Request not described above, you need to fill out our IT requirements application.
- Any IT ORDER needs to be under previous request.
- Please note we have only 3 Public IP Internet Lines. Also please note the phone rental does not include any external phone calls.
- These costs include set-up and dismantling of the equipment.
- Loss or damage to equipment will be charged to the applicant.
- It is not allowed the used of own distribution equipment (routers, switches, hubs, access points, etc.).

All prices exclude VAT. Prices subject to change.
3. **ORDER FORM**

Event Title: _______________________________________________________

Company: _______________________________________________________

Stand-No.: _______________________________________________________

Differing Stand Name: ____________________________________________

Name of Orderer: ________________________________________________

Name of Contact Person on-site: ____________________________________

Invoice Address: ________________________________________________

Telephone Number: ______________________________________________

E-mail Address: _________________________________________________

**Payment**

- [ ] Via invoice bank transfer
- [ ] Via credit card prior to the event

Payment Conditions: 100% with the application, which is only valid after payment

<table>
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<tr>
<th>Article</th>
<th>Number</th>
<th>From Date</th>
<th>From Time</th>
<th>To Date</th>
<th>To Time</th>
<th>Price</th>
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All prices exclude VAT. Prices subject to change.

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Company Name / Booth</th>
<th>Contact Name</th>
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I authorize you to charge on my credit card:
- [ ] Visa
- [ ] Euro/Mastercard
- [ ] Other _______________________

Card No. ________________________________
Expiration Date: ___ / ___ / ___
Security Code: _______________________
Name on Credit Card: ___________________
Signature: ___________________________
Total amount to be paid: _______________________

Bank Transfer to:
CENTRO COMERCIAL PORTUGAL, S.A.
CIF - A28856136
Bank: LA CAIXA - C/ORTEGA Y GASSET, 16 - 18 - 28006 MADRID
Acc #: 2100 3059 94 220022277
Swift: CAIXESBBXXX
Iban: ES41 21003059942200222778
Total amount to be paid: _______________________

VAT Number
Company Address
Postcode / Town
Fax
E-mail

<table>
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<tr>
<th>Sub-total</th>
<th>VAT</th>
<th>TOTAL</th>
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a) Requests received after the stipulated deadline will be charged with an addition of 30%.

SIGNATURE: ___________________________________  DATE: ____ / ____

- By signing this form the selected amounts have been ordered bindingly and the Hotel Auditorium is entitled to deduct the invoice amount due on the credit card number provided, if the payment is required before the event.