

Audio/Visual Equipment

DEADLINE TO ORDER: 15TH FEBRUARY 2019

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

Event Name _____	
Company Name / Booth / Room _____	
Contact Name _____	
VAT Number _____	
Company Address _____	
Postcode / Town _____	Country _____
Fax _____	Telephone _____
E-mail _____	Mobile Phone _____

Service Description	Quantity	No. Days	Unit Price	Sub-total
Led Tv monitor 32" (need to be defined the type of support and signal connections)		3	110.40 €	
LED Tv monitor 40" (need to be defined the type of support and signal connections)		3	179.40 €	
Led TV monitor 46" (need to be defined the type of support and signal connections)		3	234.60 €	
Led Tv monitor 55" (need to be defined the type of support and signal connections)		3	386.40 €	
Led Tv monitor 65" curve (need to be defined the type of support and signal connections)		3	717.60 €	
Video Projector SONY VPL EW130 or similar (3000 LUM.)		3	179.40 €	
Video Projector SONY 3LCD VPL FH30 or similar (4300 LUM.)		3	331.20 €	
Video Projector SONY VPL PH Z10 or similar (5000 LUM.)		3	496.80 €	
Sound KIT (Mixing Table + Amplifier + 2 Speakers)		3	552.00 €	
Wired Microphone (*)		3	49.68 €	
Wireless Microphone (*)		3	110.40 €	
Other type of equipment please contact technical personal				

Please indicate in the space below any other AV equipment/Service required.

(*) Involves requesting a Sound Kit

a) These costs include set-up and dismantling of the equipment.

b) Requests received after the stipulated deadline will be charged with an addition of 50%.

c) Loss or damage to equipment will be charged to the applicant.

Sub-total
VAT (23%)
TOTAL

I authorize you to charge on my credit card: Visa Euro/Mastercard Other _____ Card Nr.: _____ Expiration Date: ____/____/_____ Security Code: _____ Name on Credit Card: _____ Signature: _____ Total amount to be paid: _____	Bank Transfer to: Areadisplay Lda Bank: Santander Totta, S.A. Balcony: Largo do Cruzeiro 6,2725-567 MM IBAN: PT50 0018 0003 46256905020 04 Swift Code: TOTAPTPL Total amount to be paid: _____
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SIGNATURE: _____ **DATE:** ____/____/____

PLEASE SEND TO:

- ehra2019@areadisplay.pt

TO BE FILLED BY AREADISPLAY, LDA.

Received on: ____/____/____ **Invoiced on:** ____/____/____
Signature: _____ **Signature:** _____

