

EQUIPAMENTO AUDIOVISUAL | AUDIOVISUAL EQUIPMENT

Contacto / Contact: Telef: 21- 365 2000 / 1 - Fax: 21- 363 94 50

Empresa / Company: _____	
Contribuinte / Fiscal ID: _____	
Contacto / Contact: _____	
Morada / Address: _____	
Código Postal / Postal Code: _____	Local / Town: _____
Distrito / District: _____	País / Country: _____
Telefone / Phone: _____	Fax: _____ Email: _____

EQUIPAMENTO AUDIOVISUAL/ AUDIOVISUAL EQUIPMENT	Quant.	Unit Price / Per day	COST
Ecran 2,00 x 1,50		35.00 €	
Ecran 2,40 x 1,80		40.00 €	
Video Projector LCD SONY PX 30/31		250.00 €	
Video Projector LCD SONY FX51		500.00 €	
Video Projector LCD BARCO 6500 GR		375.00 €	
Video VHS JVC Multisystem		40.00 €	
Video DVD SONY		25.00 €	
Recorder DVD SONY		100.00 €	
Plasma monitor Pioneer 60"		650.00 €	
Plasma monitor Pioneer 50"		300.00 €	
Plasma monitor SONY 42"		200.00 €	
Television 70cm		25.00 €	
Monitor LCD SONY 15"		40.00 €	
Flip-chart w/paper and pens		17,50 €	
Projector table with stand		25.00 €	
Table for TV		10.00 €	
Lighting Kit (2 projectors + table + Dimmer + Tower)		225.00 €	
Stage each/sqm		25.00 €	
Extra Columns BOSE 101		17.50 €	
Extra Columns BOSE 402		20.00 €	
Extra Columns BOSE 802		25.00 €	
		SUB-TOTAL	
		IVA/VAT 21%	
		TOTAL	

ASSINATURA/SIGNATURE: _____

DATA/DATE: ____/____/____



EUROPACE 2007

THE MEETING OF THE EUROPEAN HEART RHYTHM ASSOCIATION
Lisbon, Portugal - 24-27 JUNE 2007



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Condições de Pagamento / Payment Conditions:

100% na altura do pedido (o pedido é apenas válido após pagamento) / Full Payment must be made to secure order (order will only be processed on receipt of payment)

Eu autorizo a debitar no meu cartão de crédito / I duly authorise you to charge my credit card:

☐ VISA ☐ EURO/MASTERCARD ☐ OTHER _____

Cartão nº / Card nº: _____

Data de Validade / Expiry date: _____

Código Segurança / Security Code: _____

Nome possuidor cartão / Card holder name: _____

Assinatura / Signature: _____

Montante Total a pagar / Total amount to be paid: _____

☐ Transferência Bancária / Bank Transfer to:
AIP - Associação Industrial Portuguesa

Conta nº / Account N°: PT50001800000008285500115

Swift Code Number: TOTA PT PL

Banco / Bank Name: Banco Santander Totta, S.A.

Escritório / Office: Santo Amaro - Lisboa - PORTUGAL

Montante total a pagar / Total amount to be paid: _____

Enviar para / Send to:

CCL – Lisboa Congress Centre

Fax: + 351 21 3639450/E-mail: lisboacc@aip.pt

To be complete by AIP Congressos:

Recebido: ____/____/____ Ass. _____

Factura nº _____

ASSINATURA/SIGNATURE: _____

DATA/DATE: ____/____/____