



EUROPACE 2007

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



REQUISIÇÃO DE ESPAÇO | REQUESTED AREA

Contacto / Contact: Telef: 21- 365 2000/01 - 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: _____

ESPAÇO PRETENDIDO / REQUESTED AREA – Múltiplos / Multiples 9M ² – sqm (3x3)			
Área em múltiplos / Area multiples of 9m2 / sqm	M ²	EURO	CUSTO / COST
	M2 / SQM X	€	
		SUB-TOTAL	_____
		IVA/VAT 21%	_____
		TOTAL	_____

STAND TIPO - €300,00/9m2

Alcatifa / Carpet
 Paineis em Aglomerado branco com 2,50m de altura / with white walls
 Estrutura de perfis de alumínio / aluminium structure
 Frontão com 0,30m de altura (0,24m de area util) nome do expositor em letra normalizada com 0,10m de altura / Name of exhibitor on fascia board
 Calha com 5 Projectores de 100w / 5 spotlights with 100w each
 1 tomada eléctrica com quadro eléctrico e consumos/electrical connection with switchboard and consumption
 Limpeza/Cleaning

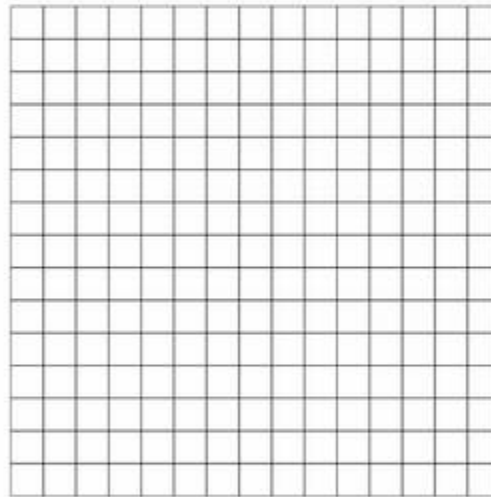
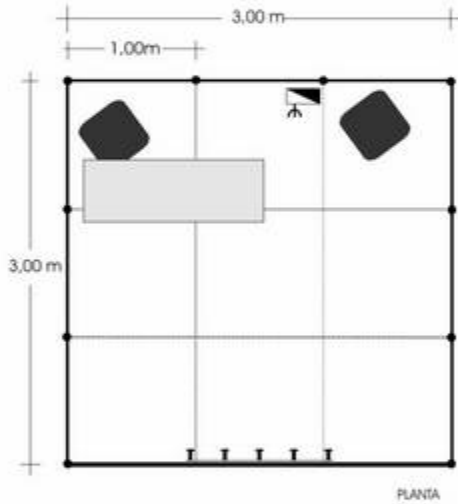
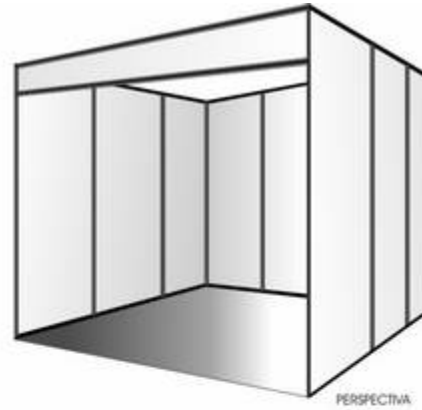
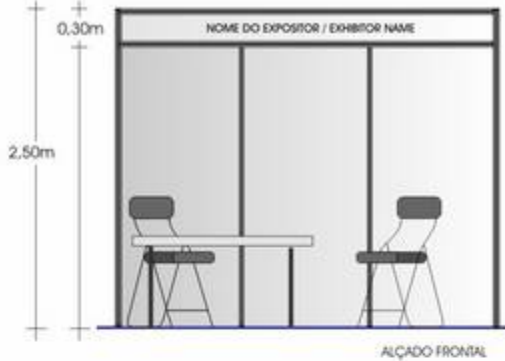
Condições de Pagamento / Payment Conditions:
 100% na altura do pedido (o pedido é apenas válido após pagamento) / Full Payment must be made to secure order (order will only be processed on receipt of payment)

Eu autorizo a debitar no meu cartão de crédito / I duly authorise you to charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> EURO/MASTERCARD <input type="checkbox"/> OTHER _____ Cartão nº / Card nº: _____ Data de Validade / Expiry date: _____ Nome possuidor cartão / Card holder name: _____ Assinatura / Signature: _____ Montante Total a pagar / Total amount to be paid: _____	<input type="checkbox"/> Transferência Bancária / Bank Transfer to: AIP - Associação Industrial Portuguesa Conta nº / Account N°: PT5000180000008285500115 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: _____
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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 _____
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ASSINATURA/SIGNATURE: _____

DATA/DATE: ___/___/___



NOME A FIGURAR NA PALA DO STAND / NAME TO BE INDICATED ON THE STAND FASCIA

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ASSINATURA/SIGNATURE: _____

DATA/DATE: ___/___/___