



EUROECHO 2007



The Eleventh Annual Meeting of the European Association of Echocardiography, a Registered Branch of the ESC,
in cooperation with the Working Group on Echocardiography of the Portuguese Society of Cardiology

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 €	

ASSINATURA/SIGNATURE: _____

DATA/DATE: ____/____/____

SUB-TOTAL	
IVA/VAT 21%	
TOTAL	

Visite o Catálogo em www.alfasom.com / Visit the Catalogue in www.alfasom.com

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)

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

<p>Enviar para / Send to: CCL – Lisboa Congress Centre Fax: + 351 21 3639450/E-mail: lisboacc@aip.pt</p>	<p style="text-align: right;"><i>To be complete by AIP Congressos:</i></p> <p>Recebido: ___/___/___ Ass. _____ Factura nº _____</p>
--	---

ASSINATURA/SIGNATURE: _____

DATA/DATE: ___/___/___