



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

REQUISIÇÃO DE PLANTA / FLOWERS AND PLANTS

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: _____

PLANTS	COD	QUANTID	EURO	COST
Plantas com 1,20m de altura / Plants to 1,20m tall	120		15.00	
Plantas com 1,70m de altura / Plants to 1,70m tall	170		20.00	
Plantas com 2m de altura / Plants taller than 2m	200		30.00	
Plantas pequenas / Small Plants	110		5.00	
Floreiras rectangulares com 80 x 20cm / Rectangular Flowers Pots 80 x 20cm	080		15.00	
Floreiras rectangulares 82 x 36cm / Rectangular Flower Pots 82 x 36cm	082		30.00	
Biombo e Planta com 170 cm / Screen and plant with 170cm tall	100		50.00	
Plantas m2 / Square Meter (m ²) / Client's Flower Pot	185		45.00	
Canteiro com relva e plantas naturais (m2) / Flower bed with lawn and natural plants (1 sqm)	190		42.00	
Centros de Mesa / Small table Centerpiece	004		30.00	
Centros de Mesa Oval / Oval table Centerpiece	005		30.00	
Arranjos para Mesa de Presidência / Main table arrangement (table)	008		57.00	
Arranjos para mesa / Main table arrangement (floor)	022		67.00	
Arranjos de púlpito / Pulpit arrangement 1,50m tall	009		98.00	
Colunas com arranjo / Column with arrangement	010		129.00	
			SUB-TOTAL	
			IVA/VAT 21%	
			TOTAL	

ASSINATURA/SIGNATURE: _____

DATA/DATE: ___/___/___

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:*

Tranferência Bancária / *Bank Transfer to:*
AIP - Associação Industrial Portuguesa

Conta nº / *Account N.º:* 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: ___/___/___