



# 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 PARQUE ESTACIONAMENTO | PARKING SERVICES

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:	_____

PARQUEAMENTO / PARKING	Quantity	PRICE / Day / Car	CUSTO / COST
Cartão de Parque Estacionamento / Parking Lot card		9,50 €	
		<b>TOTAL</b>	

### Notas / Note:

Tarifa diária especial para expositor, por viatura / *Special day price for the exhibitor for each car*

### 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>I duly authorise you to charge my credit card:</i></p> <p><input type="checkbox"/> VISA <input type="checkbox"/> EURO/MASTERCARD <input type="checkbox"/> OTHER _____</p> <p>Cartão nº / Card n° _____</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"/> Transferência Bancária / Bank Transfer to: AIP - Associação Industrial Portuguesa</p> <p>Conta nº / Account N°: PT50001800000008285500115</p> <p>Swift Code Number: TOTA PT PL</p> <p>Banco / Bank Name: Banco Santander Totta, S.A.</p> <p>Escritório / Office: Santo Amaro - Lisboa – PORTUGAL</p> <p>Montante total a pagar / Total amount to be paid: _____</p>
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<p>Enviar para / Send to: CCL – Lisboa Congress Centre Fax: + 351 21 3639450/E-mail: <a href="mailto:lisboacc@aip.pt">lisboacc@aip.pt</a></p>	<p style="text-align: right;"><i>To be complete by AIP Congressos:</i></p> <p>Recebido: ___/___/___ Ass. _____</p> <p>Factura nº _____</p>
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ASSINATURA/SIGNATURE: \_\_\_\_\_

DATA/DATE: \_\_\_/\_\_\_/\_\_\_