



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

MATERIAL COMPLEMENTAR P/ STAND | STAND ACCESSORIES

Contacto / Contact: Telef: 21- 365 2006 - 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:	_____

DESCRIÇÃO ITEM	COD	QUANT	EUROS	CUSTO / COST
Alcatifa (Fornecimento e Colocação / Carpet (Supply and Settlement)		M2	5,00	
Gabinete (1 X 1 M) com porta / Office room with door (1 x 1 M)			60,00	
Gabinete (2 X 1 M) com porta / Office room with door (1 x 2 M)			80,00	
Gabinete (2 X 2 M) com porta / Office room with door (2 x 2 M)			98,00	
Painel com Estrutura de Alumínio / Termolaminado ou PVC Panel with Aluminium Structure / White Laminated Wood or PVC			20,00	
Painel com Estrutura de Alumínio / Vidro Acrílico Panel With Aluminium Structure / Acrylic Glass			41,00	
Projector de Braço de 300 W / 300 W Spotlight With Arm			24,80	
Régua de 5 Projectores de 100 W / Lighting Track with 5 x 100 w			27,50	

SUB-TOTAL _____

IVA / VAT 21% _____

TOTAL _____

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)

ASSINATURA/SIGNATURE: _____

DATA/DATE: ____/____/____

<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 / <i>Card nº</i> _____</p> <p>Data de Validade / <i>Expiry date:</i> _____</p> <p>Código de Segurança/Security Code _____</p> <p>Nome possuidor cartão / <i>Card holder name:</i> _____</p> <p>Assinatura / <i>Signature:</i> _____</p> <p>Montante Total a pagar / <i>Total amount to be paid:</i> _____</p>	<p><input type="checkbox"/> Transferência Bancária / <i>Bank Transfer to:</i> AIP - Associação Industrial Portuguesa</p> <p>Conta nº / <i>Account N°:</i> PT5000180000008285500115 Swift Code Number: TOTA PT PL</p> <p>Nome do Banco / <i>Bank Name:</i> Totta & Açores Escritório / <i>Office:</i> Santo Amaro - Lisboa – PORTUGAL</p> <p>Montante total a pagar / <i>Total amount to be paid:</i> _____</p>
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<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. _____</p> <p>Factura nº _____</p>
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ASSINATURA/SIGNATURE: _____

DATA/DATE: ___/___/___