



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

COMUNICAÇÕES | TELECOMMUNICATION

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:	_____

COMUNICAÇÕES / COMMUNICATIONS	QT	EURO	CUSTO COST
Telefone DDI / Phone DDI		77,00	
Linha RDIS/Line RDIS (Acesso Básico s/Equip/Basic Connection –Without Equip.)		255,00	
Aluguer de Fax / Fax Rental		205,00	
Linha de Rede Directa / Direct Connection Line		128,00	
Ligação à Internet / Internet Connection (via our server with 1mb and 64kb)		100,00	
Encaminhamento de Rede de Cabos (Par) / Cable line (Pair)		77,00	
Instalação de TV Cabo / Cable TV connection		205,00	
Linha Net Cabo / Cable modem connection		320,00	
Custo de cada impulso telefónico / Cost per each telephone impulse		0,15	
Desaparecimento de telefone / Disappeared Telephone		128,00	
		SUB-TOTAL	
		IVA/VAT 21%	
		TOTAL	

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"/> Tranferência Bancária / <i>Bank Transfer to:</i> AIP - Associação Industrial Portuguesa</p>
<p><input type="checkbox"/> VISA <input type="checkbox"/> EURO/MASTERCARD <input type="checkbox"/> OTHER _____</p>	<p>Conta nº / <i>Account N°:</i> PT5000180000008285500115</p>
<p>Cartão nº / <i>Card n°</i> _____</p>	<p>Swift Code Number: TOTA PT PL</p>
<p>Data de Validade / <i>Expiry date:</i> _____</p>	<p>Banco / <i>Bank Name:</i> Banco Santander Totta, S.A.</p>
<p>Código Segurança / <i>Security Code</i> _____</p>	<p>Escritório / <i>Office:</i> Santo Amaro - Lisboa – PORTUGAL</p>
<p>Nome possuidor cartão / <i>Card holder name:</i> _____</p>	<p>Montante total a pagar / <i>Total amount to be paid:</i></p>
<p>Assinatura / <i>Signature:</i> _____</p>	<p>_____</p>
<p>Montante Total a pagar / <i>Total amount to be paid:</i></p>	<p>_____</p>
<p>_____</p>	<p>_____</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: ___/___/___