

EUROECHO 8



1-4 December 2004 - Athens

Security

EUROPEAN ASSOCIATION OF Echocardiography

EUROECHO 8 - Athens 1-4 December 2004

Security Order Form

Stand No:	Company Name:		Contact Person:		
		Tel.:			
		Fax.:			
		e-mail:			
Invoicing Address and Contact Person if different from above:					

	Security					
Service	Description	Cost per Item €	Quantity	Total		
Day	Highly qualified guards, Min. duration of occupancy time:6 hrs	16/pers/hour				
Night	Highly qualified guards, Min. duration of occupancy time:6 hrs 21:00 to 06:00 (Night security)	18/pers/hour				

Note: Above prices do not include VAT. No lunch or coffee break to be provided by the hiring Company. No break during their shift.

Sub-total	
VAT 18%	
TOTAL	

Terms and Conditions

- 20 days notice is required
- Full prepayment of the order, ten days before the commencement of the Event.
- Cancellation fees apply, if cancellation occurs fifteen days before the commencement of the Event.
- Any additional cost apart from the order, has to be settled on site on the last day of the exhibition.

How to order?

The Exhibitor should send the completed services Order Form, signed and sealed with corporate stamp to the following fax number: +30 210 7779584

Order reception deadline

10 days before the commencement of the Event. The cost of additional or late orders must be settled on site.

Method of Payment

- 50% upon the confirmation of the order
- 50% to be received 10 days before the commencement of the Event

Bank Wire transfer to: NATIONAL BANK OF GREECE

Account number: 049/746678-10

IBAN number: GR3601100490000004974667810

SWIFT (BIC): ETHNGRAA Beneficiary name: LYGERI SAIT

* A duplicate of the Bank receipt must be sent by fax +30 210 7779584

Cancellation Policy:

- Full refund for cancellations received 20 days before the commencement of the Event
- For cancellations received 10 days before the Event commences, 80% of the tariff must be paid.
- No refund for cancellations 5 days before the Event commences

VAT

All orders are subject to 18% VAT.

I have read and agreed with the Terms and Conditions above.

Date: Signature (and print in capital letters): Company stamp:

Please return this form by Fax to +30 210 7779584 to the attention of Lilian Sait

For any query, please contact us via e-mail: lsait@ath.forthnet.gr or by phone: +30 210 3311771