

EUROECHO 9

Florence, December 7/10, 2005

AUDIOVISUAL/IT ORDER FORM

Company _____

Address _____

City _____ Zip/Post Code _____ Country _____

Tel.: _____ Fax. _____ E-Mail _____

Contact Person _____ Tax ID Number: _____

Person in Charge on site: _____

Stand Number _____ Size : _____ sqm

PLEASE CONFIRM

ITEM	Unit	Unit cost	Total (vat 20% to added)
TV monitor 28" Pal System (European Standard		150,00	
TV monitor 28" Multistandard (Pal, Seca, Ntsc)		215,00	
Plasma Screen 42" 16:9 (2,2 high from the floor)		920,00	
DVD player		70,00	
LCD Videoprojector 2000 ansi lumen		805,00	
Monitor 15"		145,00	
Monitor 17"		215,00	
Personal PC with Monitor 15"		330,00	
Personal PC with Monitor 17"		330,00	
B/W Laser printer		190,00	
Colours Laser Printer		380,00	
B/W Toner printer		115,00	
Colours Toner Printer		190,00	

Prices are for the whole period (December 7/10) and do not include sockets and plugs
Cost for each colour copy is Euro 0,55 + VAT 20%, to be calculated after the congress.



NEWTOURS S.p.A.
8, via A. Righi - 50019 Sesto Fiorentino - Firenze - ITALY - Tel. +39 055 3361.1 - Fax +39 055 3361.450
www.newtours.it - newtours@newtours.it

Congressi – DMC – Incentives – Conventions – Eventi speciali – International Travel Agency

Sede legale : P.zza della Libertà, 9 – 50129 Firenze – Capitale Sociale € 300.000 i.v.
C.C.I.A.A. Firenze N° 279413 Reg. Tribunale Firenze, C.F. e P.I. 01585610486

CONDITIONS AND METHODS OF PAYMENT:

METHOD OF PAYMENT

Payments in Euro should be made in favour of Newtours S.p.A.:

- **Bank Transfer** to Newtours S.p.A.: You are kindly asked to send a copy of the bank transfer via fax within 5 days.

BANCA INTESA/BCI Divisione Cariplo - - Sede di Firenze

Viale Gramsci 39/41 – Firenze

account number: 78/158 - SWIFT: B C I T I T 3 3 4 5 7

IBAN: IT30 Y030 6902 8200 0000 0078 158

All bank charges must be paid by the sender.

- **Charge to Credit Card** (please indicate number and expiry date)

- American Express

- Diners Club

- Visa

- Eurocard (Master Card)

Cardholder's name _____

Card Number _____ Expiry date _____

Date _____ Stamp and signature _____

Please send this signed contract with the bank draft or copy of the bank transfer to:

Newtours S.p.a.

Kind Attention: Andrea Redditi

Via Augusto Righi 8 – 50019 (Osmannoro) Sesto Fiorentino (FI)

Tel. +39/055/3361.1 - Fax. +39/055/3361350 - E-mail: euroecho2005@newtours.it



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