

EUROECHO 9

Florence, December 7/10, 2005

ELECTRICITY 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)
380 V-100A power supply complete with EEC three-phase 380 V-125A (up to 60 kW)		103,40	
380 V-100A power supply complete with EEC three-phase 380 V-125A (up to 74 kW)		131,45	
Electric pendant with 3 universal sockets, max 1,5 kw (on the floor)		27,50	
3 kW single phase power supply box (ceiling)		8,80	
9 kW single phase power supply box (ceiling)		18,70	
Power supply box with magnetothermal activator and 220 V-32A interlocked socket (5 kW) – (Ceiling)		15,40	
Power supply box with magnetothermal activator and 380 V-32A interlocked socket (18 kW) – Ceiling		88,00	
350 watt halogen lamp		19,25	
35 W spotlight		33,55	
75 W spotlight		40,15	

Consumptions will be charged 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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