

HEART FAILURE 2005

11 – 14 June 2005



MATERIAL COMPLEMENTAR P/ STAND | STAND ACCESSORIES

Empresa / Company:	_____				
Contribuinte / Fiscal ID:	_____				
Contacto / Contact:	_____				
Morada / Address:	_____				
Código Postal / Postal Code:	_____	Local / Town:	_____		
Distrito / District:	_____	Pais / Country:	_____		
Telefone / Phone:	_____	Fax:	_____	Email:	_____

DESCRIÇÃO ITEM	COD	QUANT	EUROS	CUSTO / COST
Alcatifa (Fornecimento e Colocação / Carpet (Supply and Settlement))		M2	3,75	
Gabinete (1 X 1 M) com porta / Office room with door (1 x 1 M)			56,20	
Gabinete (1 X 2 M) com porta / Office room with door (1 x 2 M)			76,70	
Gabinete (2 X 2 M) com porta / Office room with door (2 x 2 M)			92,00	
Gabinete (3 X 2 M) com porta / Office room with door (3 x 2 M)			135,00	
Painel com Estrutura de Alumínio / Temolaminado ou PVC Panel with Aluminium Structure / White Laminated Wood or PVC			18,40	
Painel com Estrutura de Alumínio / Vidro Acrílico Panel With Aluminium Structure / Acrylic Glass			40,90	
Projector de Braço de 300 W / 300 W Spotlight With Arm			23,00	
Régua de 5 Projectores de 100 W / Lighting Track with 5 x 100 w			25,50	

Alcatifa para ruas / Carpet for aisles (supply and set up)		M2	3,00	
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SUB-TOTAL _____

IVA / VAT 19% _____

TOTAL _____

50% _____

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)

<p>Eu autorizo a debitar no meu cartão de crédito / I duly authorise you to charge my credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> EURO/MASTERCARD <input type="checkbox"/> OTHER _____</p> <p>Cartão nº / Card nº: _____</p> <p>Data de Validade / Expiry date: _____</p> <p>Nome possuidor cartão / Card holder name: _____</p> <p>Assinatura / Signature: _____</p> <p>Montante Total a pagar / Total amount to be paid: _____</p>	<p><input type="checkbox"/> Transferência Bancária / Bank Transfer to: AIP - Associação Industrial Portuguesa</p> <p>Conta nº / Account Nº: PT5000180000008285500115 Swift Code Number: TOTA PT PL Nome do Banco / Bank Name: Totta & Açores Escritório / Office: Santo Amaro - Lisboa - PORTUGAL Montante total a pagar / Total amount to be paid: _____</p>
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ASSINATURA/SIGNATURE: _____

DATA/DATE: ____ / ____ / ____

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Enviar para / Send to:

CCL – Lisboa Congress Centre

Fax: + 351 21 3639450/E-mail: lisboacc@aip.pt

To be complete by AIP Congressos:

Recebido: __/__/__ Ass. _____

Factura nº _____

ASSINATURA/SIGNATURE: _____

DATA/DATE: __/__/__