

Auditorium Madrid Hotel

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“Príncipe Felipe” Congress Center

Service Catalogue for Exhibitors attending the ICNC12 to be hold in Madrid from May 02th until May 05th.

- 1. CONTACT**
- 2. CLEANING SERVICES**
- 3. WASTE DISPOSAL SERVICES**
- 4. ORDER FORM**

NOTE:

For any Order Form Request please fill out the form and send it to cristina.egido@hotelauditorium.com before April 17th. The order must be placed at least 14 days prior the beginning of the event. Any Order during the event will be charge with an additional 30% of the total amount.

This offer is subject to availability.

Centro de
Congresos

Príncipe
Felipe

1. CONTACT

Cristina Egido

Jefa de Congresos y Convenciones

Convention & Congress Director

Hotel Auditorium Madrid

cristina.egido@hotelauditorium.com

Tel. +34 91 400 44 56 - Mov. +34 660 33 52 44

Fax. +34 91 400 44 59

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2. CLEANING SERVICE

Service Description	Quantity	Price per hour	Sub-total
1 st CLEANING DAY (HALF DAY)	4 hours	20€	80€
1 st CLEANING DAY (FULL DAY)	8 hours	20€	160€
1 st and 2 nd CLEANING DAYS (HALF DAY)	4 hours	20€	160€
1 st and 2 nd CLEANING DAYS (FULL DAY)	8 hours	20€	320€
1 st , 2 nd and 3 RD CLEANING DAYS (HALF DAY)	4 hours	20€	240€
1 st , 2 nd and 3 RD CLEANING DAYS (FULL DAY)	8 hours	20€	480€

NOTE:

For each additional cleaning person under request the prices maintain the same.

3. WASTE DISPOSAL SERVICES

Service Description	Day	Price per day
WASTE CONTAINER (3 cubic metre)	1 day	100€
WASTE CONTAINER (6 cubic metre)	1 day	120€
WASTE CONTAINER (15 cubic metre)	1 day	300€
WASTE CONTAINER (30 cubic metre)	1 day	340€

NOTE:

The Waste Disposal Service does not include the transportation from the Exhibiton Area to the containers location.

Please note that this cleaning service does not include any waste disposal remove. For any additional waste disposal service prices are as in 1. Cleaning Service above mentioned.

*******NOTE: CURRENT VAT NOT INCLUDED*******

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4. ORDEN FORM

Payment Conditions: 100% with the application, which is only valid after payment

Event Name	
Company Name / Booth	
Contact Name	

I authorize you to charge on my credit card:

Visa Euro/Mastercard Other _____

Card No. _____

Expiration Date: ___ / ___ / ___

Security Code: _____

Name on Credit Card: _____

Signature: _____

Total amount to be paid: _____

Bank Transfer to:

CENTRO COMERCIAL PORTUGAL, S.A.

Bank: BANKINTER

Swift: BKBKESMMXXX

Iban: ES9001280010990100179712

Total amount to be paid:

VAT Number			
Company Address			
Postcode / Town		Country	
Fax		Telephone	
E-mail		Mobile Phone	

a) Requests received after the stipulated deadline will be charged with an addition of 30%.

Sub-total	
VAT	
TOTAL	

SIGNATURE: _____ **DATE:** ___ / ___ / ___

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