



7th INTERNATIONAL
CONFERENCE OF NUCLEAR
CARDIOLOGY

8 – 11 May 2005



REQUISIÇÃO DE PLANTA / PLANTS

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

PLANTS	COD	QUANTID	EURO	COST
Plantas com 1,20m de altura / Plants up to 1,20m	120		12.50	
Plantas com 1,70m de altura / Plants up to 1,70m	170		17.50	
Plantas com 2m de altura / Plants up to 2m	200		25.00	
Plantas pequenas / Small Plants	110		3.50	
Floreiras rectangulares com 80 x 20cm / Rectangular Flowers Pots 80 x 20cm	080		10.00	
Floreiras rectangulares 82 x 36cm / Rectangular Flower Pots 82 x 36cm	082		25.00	
Biombo e Planta com 170 cm / Screen and plant up to 170cm	100		48.00	
Plantas m2 / Square Meter (m ²) / Client's Flower Pot	185		42.90	
Canteiro com relva e plantas naturais (m2) / Flower bed with lawn and natural plants (1 sqm)	190		39.90	
Centros de Mesa / Small table Centerpiece	004		17.50	
Centros de Mesa Oval / Oval table Centerpiece	005		25.00	
Arranjos para Mesa de Presidência / Main table arrangement (table)	008		55.00	
Arranjos para mesa / Main table arrangement (floor)	022		65.00	
Arranjos de púlpito / Pulpit arrangement up to 1,50m	009		100.00	
Colunas com arranjo / Column with arrangement	010		125.00	

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)

ASSINATURA/SIGNATURE: _____

DATA/DATE: ____/____/____



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Eu autorizo a debitar no meu cartão de crédito / I duly authorise you to charge my credit card:

VISA EURO/MASTERCARD OTHER _____

Cartão nº / Card nº _____

Data de Validade / Expiry date: _____

Nome possuidor cartão / Card holder name: _____

Assinatura / Signature: _____

Montante Total a pagar / Total amount to be paid: _____

Transferência Bancária / Bank Transfer to:
AIP - Associação Industrial Portuguesa

Conta nº / Account N.º: PT50001800000008285500115

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:

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: ___/___/___