



7th INTERNATIONAL
CONFERENCE OF NUCLEAR
CARDIOLOGY

8 – 11 May 2005



STAND NR.

AUDIOVISUAL EQUIPMENT

Company Name: _____ VAT I D _____
 Contact Name: _____
 Address: _____ City and Post code _____
 Country _____ Email: _____ @ _____ . _____
 Tel: _____ Fax: _____

Ref:	Audio Visual Equipment Services	Date/Time	Quantity	Unit Price/ per day	Sub-total
A	70cm Television			37,00 €	
B	TV support			12,50 €	
C	52cm TV + Video VHS + support			82,00 €	
D	Video VHS PAL			40,00 €	
E	Video U-Matic			90,00 €	
F	Plasma Screen 42" with support VGA			275,00 €	
G	Plasma Screen 50" with support SVGA/XGA			375,00 €	
H	250W Overhead Projector			32,50 €	
I	250W Slide Projector			50,00 €	
J	400W Slide Projector			62,00 €	
L	46" Super screen (117 cm)			150,00 €	
M	48" Super screen (112 cm)			175,00 €	
N	55" Super screen (140 cm)			200,00 €	
O	Sound system with 1 microphone, deck or CD			200,00 €	
P	Sound system with 2 columns and CD			125,00€	
Q	Extra columns BOSE 202			25,00€	
R	Extra columns BOSE 802			32,50€	



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S	Light robots with Gobos			Upon request	
T	Truss structures			Upon request	
U	Movable stages			Upon request	
V	Video wall 2x2 up to 8x8			Upon request	
				Sub-total	
				VAT (19%)	
				TOTAL	

Payment Conditions:

Full Payment must be made to secure order (order will only be processed on receipt of payment)

<p>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>Card nº _____</p> <p>Expiry date: _____</p> <p>Card holder name: _____</p> <p>Signature: _____</p> <p>Total amount to be paid: _____</p>	<p><input type="checkbox"/> Bank Transfer to:</p> <p>AIP - Associação Industrial Portuguesa</p> <p>Account Nº: PT50001800000008285500115</p> <p>Swift Code Number: TOTA PT PL</p> <p>Bank Name: Totta & Açores</p> <p>Office: Santo Amaro - Lisboa - PORTUGAL</p> <p>Total amount to be paid: _____</p>
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DATE: _____

Signature: _____

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 _____