

XIII Order Form - Internal Material Transport
Payment Conditions: 100% on request (the request is valid only with the payment)

EVENT			
COMPANY / BOOTH			
FISCAL ID			
ADDRESS			
POSTAL CODE/ CITY			
COUNTRY		MOBILE	
CONTACT		E-MAIL	
PHONE		FAX	

Internal Material Transport	Date	Quant.	Unit Price	Cost
Forklift Rental up to 5 tons. <i>From 08h00 to 20h00 (Week)</i>			45,00€ / Hour	
Forklift Rental up to 5 tons. <i>From 20h00 to 08h00 (week and weekend)</i>			50% Increase / Hour	
Forklift Rental up to 5 tons. <i>Sundays and Holidays</i>			100% Increase / Hour	
Rent of External Lift - 4 Hours			240,00€	
Rent of External Lift - 8 Hours			450,00€	
Rent of External Lift - Extra Time			66,00€	
Auto Crane Rental - 25 Ton: 4H			358,00 €	
Auto Crane Rental - 30 Ton: 4H			426,00 €	
Auto Crane Rental - 50 Ton: 4H			660,00 €	
Auto Crane Rental - 80 Ton: 4H			966,00 €	
Auto Crane Rental - From 20h00 to 08h00 (week and weekend)			50% Increase / Hour	
Auto Crane Rental - Sundays and Holidays			100% Increase / Hour	
Auto Crane Rental - Transport			120,00€	
Logistics Service - 1 Responsible for operations + Equipment <i>(minimum 4 Hours)</i>			27,00€ / Hour	
Logistics Service - 1 Responsible for operations + Auxiliary + Vehicle for transport to Equipment / 4 Hour			300,00€ / 4 Hours	
Logistics Service - 1 Responsible for operations + Auxiliary + Vehicle for transport to Equipment / 1 Day			420,00€ / Day	
Logistics Service - From 20h00 to 08h00 (week and weekend)			50% Increase/ Hour	
Logistics Service - Sundays and Holidays			100% Increase / Hour	
Manpower Services			26,50 € / Hour	
Manpower Services - (Extra Time)			42,40 € / Hour	
Manpower Services - (Extra Time Saturday, Sundays and Holidays)			53,00 € / Hour	
Storage Material Service			37,00€ / M3	

A) Requests received after the DEADLINE will be charged with an addition of 50%.

B) Lost or Damage of the Equipment will be charged to the Exhibitor

Sub-Total	
*VAT (23%)	
TOTAL	

SIGNATURE: _____ **DATE:** ____ / ____ / ____

I duly authorize you to charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> EURO/MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER _____ CARD N° _____ SECURITY CODE: _____ EXPIRY DATE: _____ CARD HOLDER NAME: _____ SIGNATURE: _____ TOTAL AMOUNT TO BE PAID: _____	<input type="checkbox"/> Bank Transfer to: AIP - Associação Industrial Portuguesa BANK: Banco Santander Totta, S.A. Santo Amaro - Lisboa Account N°: PT 50001800000008285500115 Swift Code Number: TOTA PT PL Rua Luís de Camões, 35 1300 – 355 Lisboa - PORTUGAL TOTAL AMOUNT TO BE PAID: _____
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SIGNATURE: _____ DATE: ____ / ____ / ____

Please send to: AIP Congressos Fax: +(351) 21 360 14 99 – E-mail: lisboacc@aip.pt	To be completed by AIP Congressos: Recebido em: __/__/__ Facturado em: __/__/__ Assinatura: _____ Assinatura: _____
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