Others Services - X

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**	

I duly authorize you to charge my credit card:

□ **VISA** □ **EURO/MASTERCARD** □ **AMEX** □ **OTHER** _____

CARD Nº _____

SECURITY CODE:_____

EXPIRY DATE: _____

CARD HOLDER NAME:

_____

SIGNATURE:

_____

TOTAL AMOUNT TO BE ID:_____

□ **Bank Transfer to:**

AIP - Associação Industrial Portuguesa

BANK: Banco Santander Totta, S.A.

Santo Amaro - Lisboa

Account Nº: PT 50001800000008285500115

Swift Code Number: TOTA PT PL

Rua Luís de Camões, 35

1300 – 355 Lisboa - PORTUGAL

TOTAL AMOUNT TO BE PAID: _____

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

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:**_____