

SPONSOR'S ORDER FORMS

Company Name:	VAT Reg. Number:	
Contact Name:	Email:	
Company Address:	Postcode:	
City:	Country:	
Telephone:	Fax:	Symposium Date:
Event Name:		

CATERING for SATELLITE - SYMPOSIA

REF. Service Duration	DESCRIPTION	Nº PAX	ROOM NUMBER	DATE	TIME	UNIT PRICE PER PERSON	TOTAL €
BOX LUNCH L1 1h30	½ ham and cheese baguette Smoked salmon sandwich 1 piece of fruit 1 kit kat (biscuit with chocolate) 1 bottle of mineral water (33cl) 1 Napkin					16,50 €	
BOX LUNCH L1V 1h30	½ cheese baguette Vegetable sandwich 1 piece of fruit 1 kit kat (biscuit with chocolate) 1 bottle of mineral water (33cl) 1 Napkin					16,50 €	

Ⓞ Order deadline: 22 May 2006. From 23 May to 16 June 2006 a 20% surcharge per service will be applied. From 16 June orders will not be accepted. Rates valid for 2006 events only.

VIAJES IBERIA CONGRESOS. Contact person: Elena Martin, e-mail address: elena.martin@viajesiberia.com. Phone number: +34 93 510 10 05, fax number: +34 93 510 10 09

SPONSOR'S ORDER FORMS

REF. Service Duration	DESCRIPTION	Nº PAX	ROOM NUMBER	DATE	TIME	UNIT PRICE PER PERSON	TOTAL €
BOX LUNCH L2 1h30	1 potato salad (in plastic container) Ham & cheese sandwich 1 piece of fruit 1 kit kat (biscuit with chocolate) 1 bottle of mineral water (33cl) 1 Napkin / 1 plastic fork					18,50 €	
BOX LUNCH L3 1h30	1 pasta salad (in plastic container) Ham & cheese sandwich ½ fuet baguette 1 piece of fruit 1 kit kat (biscuit with chocolate) bottle of mineral water (33cl) 1 Napkin / 1 plastic fork					20,50 €	

IMPORTANT NOTES

Fix prices includes:

- The lunch bag
- The distribution and clearing up of the bag lunches in the rooms

**ALL CATERING SERVICES HAS TO BE PAID IN ADVANCE IN ORDER TO BE CONFIRMED
ALL RATES + VAT (NOT INCLUDED)**

SUM OF SUB TOTALS	€
SUB TOTAL (excluding VAT)	€

COMPANY STAMP, NAME & SIGNATURE

..... 2006

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METHODS OF PAYMENT

By Bank Transfer to:

Bank address: BANCA MARCH
Tuset, 2
08006 Barcelona
Bank account number: 0061-0164-17-0007410113
Swift code: BMARES 2M
IBAN number: ES98 0061-0164-17-0007410113

- **By Credit card filling in the following payment form.**

CREDIT CARD AUTHORISATION FORM

I, _____, hereby authorize Viajes Iberia Congresos to charge my credit card account with the total amount stated below.

Credit card: _____

Credit card holder name: _____

Credit card number: _____

CVC (the last three numbers located on back of credit card): _____

Expiry date: _____

THIS CREDIT CARD IS TO BE USED FOR THE PAYMENT OF SERVICES ORDERED BY THE FOLLOWING COMPANY:

Company name: _____

Company address & city: _____

Telephone / Fax: _____

E-mail: _____

Contact name: _____

Date and signature of card holder:

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