

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 €
COLD WORK LUNCH ON TRAY OPTION 1 1h30	Tropical salad (lettuce, pineapple, corn, crab & prawns with sauce) *** Roast beef with apple pure and escalibada (red pepper and aubergine baked) *** Fresh fruit salad *** Bread & Mineral water Disposable cuttlery & napkin					22,50 €	
COLD WORK LUNCH ON TRAY OPTION 2 vegetarian 1h30	Mediterranean salad (lettuce, egg, asparagus, tomato, corn) *** Vegetable cake *** Brownie *** Bread & Mineral water Disposable cuttlery & napkin					22,50 €	

Ⓢ 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 €
COLD WORK LUNCH ON TRAY OPTION 3 1h30	German salad (potato, frankfurt sausage) *** Seafood cake *** Lemon mousse *** Bread & Mineral water Disposable cuttlery & napkin					22,50 €	

IMPORTANT NOTES

Fix prices includes:

- The lunch on tray
- The distribution and clearing up of the trays lunches in the rooms

**ALL CATERING SERVICES HAS TO BE PAID IN ADVANCE IN ORDER TO BE CONFIMED
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:

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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