

NATPE   
**DISCOP** 09  
 MULTIPLATFORM CONTENT BUSINESS  
 IN CENTRAL, EASTERN EUROPE, AND EURASIA **EAST**

**16 - 19 JUNE 2009 • SOFITEL MARIA DOROTTYA • BUDAPEST**

**EXTRA EQUIPMENT ORDER FORM TO BE SENT TO + 33 1 42 29 34 74**

**COMPANY INFORMATION**

COMPANY NAME..... N° VAT.....

CONTACT .....

MAIN TEL..... MAIN FAX.....

MAIN EMAIL.....

SHARED/ SINGLE / DOUBLE SCREENING SUITE N°

VIEWING BOX N°

**EQUIPMENT AVAILABLE**

DESCRIPTION	UNIT PRICE € FOR 3 DAYS	ORDER QTY	AMOUNT €
FLYER DISPLAY RACK	60€		
PLANTS (TUYA, PALMA, FICUS...)	30€ to 60€		
PANEL-BOARD (W) 90CM X (H) 205 CM	50€		
FAX MACHINE (CONNECTION CHARGES NOT INCLUDED)	140€		
EXTRA MULTISYSTEM AUDIOVISUAL LCD TV SET (60CM/25")	150€		
EXTRA LARGE LCD TV SET (80CM/32")	600€		
MULTIZONE DVD PLAYER	100€		
HEADPHONES	20€		
PRINTER	150€		
<b>TOTAL</b>			

**OTHER**.....

● **BY SIGNING THIS FORM I DO AGREE TO PAY THIS ORDER BY CREDIT CARD (SEE 2ND PAGE)**

● **AN INVOICE WILL BE ISSUED ONCE THE EXTRA EQUIPMENT FORM HAS BEEN TRANSMITTED TO BASIC LEAD.THE EQUIPMENT WILL BE DELIVERED ONLY IF THE PAYMENT HAS BEEN RECEIVED.**

**ACCEPTANCE BY PARTICIPANT**

NAME .....

JOB TITLE .....

DATE .....

SIGNATURE + STAMP

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**CREDIT CARD PAYMENT FORM**

**PLEASE CLEARLY FILL IN THIS FORM AND FAX IT TO +33 1 42 29 34 74**

**COMPANY BILLING & ADMINISTRATIVE INFORMATION**

COMPANY NAME .....  
CONTACT .....  
ADDRESS .....  
CITY ..... STATE/REGION ..... POSTAL CODE ..... COUNTRY .....  
TEL ..... FAX ..... EMAIL .....




**INVOICE DETAILS**

INVOICE NUMBER .....  
AMOUNT .....

**SELECT YOUR ORDER**

BUYER MARKET BADGE     SELLER MARKET BADGE     EXTRA EQUIPMENT     OTHER : .....

**CREDIT CARD DETAILS**

CARDHOLDER'S NAME: .....  
BILLING ADDRESS OF CARDHOLDER: .....  
CARD TYPE:     AMERICAN EXPRESS\*      MASTERCARD      VISA   
\* A 3,5% commission fee will be charged on American Express Cards  
CARD NUMBER: .....  
CARD EXPIRY (MM/YY): .....  
CVV CODE (last three digits at the back of the card): .....

Please charge my credit card for the amount of ..... €

DATE: ...../...../.....

**Cancellation policy**

After receiving the credit card payment form, Basic Lead can not accept any cancellation and no refund can be made.

**ACCEPTANCE BY PARTICIPANT**

NAME .....  
JOB TITLE .....  
DATE .....

SIGNATURE + STAMP