APPLICATION FOR ADDITIONAL EQUIPMENT AND SERVICES

After signing the document send by fax +7 (495) 797 49 83 no later than March 22, 2009

ORDER OF ADDITIONAL EQUIPMENT AND SERVICES

Company Name_____

Please provide us with the following additional equipment and services for the period of the exhibition,

№	**Name of equipment or services**	*code*	*price*	*quantity*	*total cost*

(Codes, names and values of additional equipment and services can be found in a separate specification)

The cost of: _____EURO

TERMS OF PAYMENT

I hereby agree to pay 100% of the cost of the additional services and equipment we have ordered for a period of 7 working days of the invoice.

Signature and Seal _____ Name_____

Date_____

ORGANISERS NOTES