

Audio Visual Order Form



AV SERVICES FORM 2009

DEADLINE DATE: 5 Working days Prior to Event/ Exhibition

RETURN TO: Zanoxolo Filifili

1 Lower Long Street, Cape Town, 8001

Fax: +27 21 410 5191/Tel: + 27 21 410 5072

e-mail: zanoxolo@cticc.co.za

Company name	
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Exhibition/Event	
Stand/Room #	

Street Address	

Office #	(+)
A/H/mobile #	(+)
Facsimile #	(+)
e-mail address	

Authorised by	
Signature	
Date	

VAT Registration No.	
Dates required	
(From-To)	

Selection	QTY	Unit price per day	No of days	Total ZAR
Projection:				
8' x 6' Front Projection Screen		495.00		
10' x 7' Front Projection Screen		572.00		
Screens:				
42" Plasma Screen Including: Floor or Table Stand & Speakers (if required)		1,320.00		
50" Plasma Screen Including: Stand, VGA Extension Cable		2,090.00		
60" Plasma Screen Including: Stand, VGA Extension Cable		2,750.00		
20" Flat Pannel LCD Monitor		432.30		
Playback				
DVD Player		327.80		

37" Flat panel LCD monitor and 3000 Ansi Lumen Projectors are available on request. Please contact Sunette on +27 21 410 5098

	SUB TOTAL	ZAR	
Orders received after the deadline date are subject to an additional 20% surcharge		ZAR	
	VAT 14%	ZAR	
	TOTAL	ZAR	



Exhibition/Event: _____

Stand #: _____

Signature: _____

If you can imagine it, we can host it

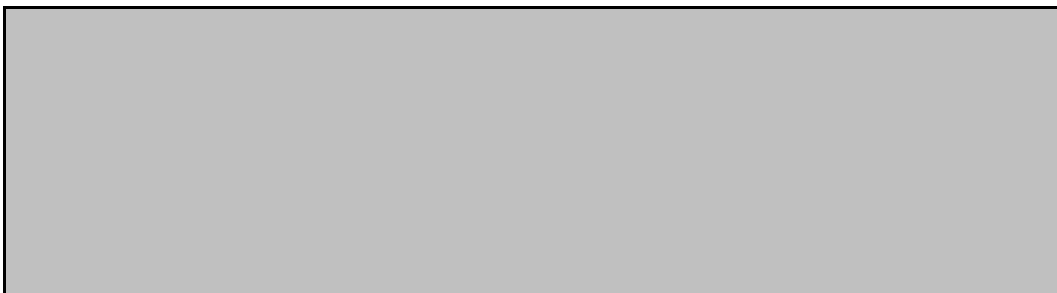
*Services will not be installed until credit card authorization form below has been completed or proof of payment has been received	
To effect payment please complete authorisation to charge to credit/debit card	
Circle your credit card company: American Express, Visa, Eurocard/Mastercard, Diners Club/Debit Card	
Credit Card number:	_____
CVV No. (Last 3 No's on back of card):	_____
Expiry date:	_____
Name of credit card holder:	_____
Name:	_____
Signature:	_____

BANKING DETAILS	
Account Name:	Cape Town International Convention Centre - CTICC
Bank:	Standard Bank
Branch:	Thibault Square
Branch Code:	020909
Account No.:	070823871
S.W.I.F.T. Address:	SBZA ZA JJ

Vat registration number: 4030199741

PLEASE NOTE IF THE POSITION OF ALL ELECTRICAL REQUIREMENTS ARE NOT INDICATED BELOW, THE CONTRACTOR WILL INSTALL AT THEIR DISCRETION. ANY CHANGES ON SITE WILL BE FOR THE ACCOUNT OF THE EXHIBITOR.

BACK OF STAND



FRONT OF STAND

If you can imagine it, we can host it

Payment Method

Credit Card Authorisation:

We/I, _____ hereby authorise the
 deduction of the amount of _____ by the
 Cape Town International Convention Centre from our/my Credit Card, details below:

Type of Credit Card (VISA, American Express, Diners, etc.)	
Credit Card Number	
Expiry Date	
CVV Number Last 3 numbers on back of card	
4 Digit Security Number on the Card (American Express)	
Card Holders Name	
Card Holders Billing Address	
Card Holders Date of Birth	

Please send copy of back & front of the Credit Card

Authorised Signature: _____ **Date:** _____

Please send completed form to the following fax number: **+27 21 410-5191**