

Electrical Order Form



**2017 NCRI Cancer Conference
5-8 November 2017**

| | |
|----------------------------|---|
| EXHIBITOR NAME AND ADDRESS | STAND NUMBER |
| | TELEPHONE |
| | FAX |
| | EMAIL |
| CONTACT | By completing and submitting this order form, I agree to H2 Events terms and conditions of sale |

PLEASE RETURN

By: 30th September 2017

To: Sam Harrison

H2 Events
The Events Suite, Bryant House
61-63 Wellington Road North
Stockport, Cheshire SK4 1HS

Tel: +44 (0) 161 4779877

Fax: +44 (0) 161 4778222

Email:

sam.harrison@h2-events.co.uk

PRICES ARE AVAILABLE ONLY ON ORDERS RECEIVED AND PAID FOR BY 30th SEPTEMBER 2016
ORDERS AFTER THIS DATE WILL INCREASE YOUR CHARGES BY 20%

| DESCRIPTION | STANDARD PRICE | QTY | TOTAL |
|---|-------------------------------|-----|-------|
| 500W SOCKET OUTLET | 121.44 | | |
| 1000W SOCKET OUTLET (not permitted for lighting purposes) | 198.36 | | |
| 2000W SOCKET OUTLET (not permitted for lighting purposes) | 260.66 | | |
| 3000W SOCKET OUTLET (not permitted for lighting purposes) | 367.29 | | |
| 500W SOCKET OUTLET 24 hr (Fridge) | 255.00 | | |
| GENERAL PURPOSE SPOTLIGHT - 120W | 56.10 | | |
| LOW VOLTAGE SPOTLIGHT | 57.12 | | |
| CONNECTION TO CLIENTS OWN FITTING - UP TO 1000W | 178.34 | | |
| 4ft TRACK INC. 3 no 120w SPOTLIGHTS | 168.81 | | |
| <p>YOU <u>MUST</u> INDICATE ON THE GRAPH OVERLEAF THE REQUIRED POSITION OF FITTINGS ORDERED AND YOUR PREFERRED POSITION OF MAINS OR THESE WILL BE FITTED AT OUR DISCRETION</p> <p>SITE ALTERATIONS WILL INCUR A SURCHARGE</p> <p>ALL ITEMS ARE ON HIRE UNLESS STATED OTHERWISE.</p> <p><small>*The new Electrical Testing charge is now required to meet the revised minimum testing requirements in line with BS7671 (2008).</small></p> | 20% surcharge (if applicable) | | |
| | Testing Fee* (£15.00) | | |
| | Sub Total | | |
| | Credit Card surcharge @ 3% | | |
| | TOTAL | | |
| | VAT @ 20% | | |
| TOTAL | | | |

PAYMENT DETAILS

**FULL PAYMENT (INCLUDING VAT AT 20%) IS DUE WITH ORDER .
A 3% SURCHARGE APPLIES TO ALL CREDIT CARD PAYMENTS**

| | |
|--|--|
| <input type="checkbox"/> CHEQUE ENCLOSED (PAYABLE TO H2 Events) | <input type="checkbox"/> BANK TRANSFER/BACS PAYMENT |
|--|--|

PLEASE CHARGE THE FOLLOWING CREDIT/DEBIT CARD

BANK DETAILS

| | | | | |
|--|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA | <input type="checkbox"/> MAESTRO | <input type="checkbox"/> SWITCH | Bank Name: RBS Bramhall Branch |
| CARD NO: | | | | Account No: 10066319 |
| SECURITY CODE: | | ISSUE NUMBER: | | Bank Sort Code: 16-14-20 |
| VALID FROM: | | EXPIRY DATE: | | IBAN Number: GB15RBOS16142010066319 |
| NAME ON CARD: | | | | Swift Number: RBOSGB21 |
| | | | | Account Name: H2 Events |
| | | | | Value date: |

VAT reg. no. 871 4789 82

PLEASE SELECT 'SAVE' AND KEEP A COPY OF THIS FORM FOR YOUR RECORDS BEFORE SUBMITTING VIA EMAIL

