

FORMA OFICIAL DE RESERVACION HOTELERA
OFFICIAL HOUSING REQUEST FORM

Información General / General Information

Nombre / Name	<input type="text"/>	Cargo/ Title	<input type="text"/>
Compañía / Company	<input type="text"/>		Stand / Booth <input type="text"/>
Dirección / Address	<input type="text"/>		
Ciudad / City	<input type="text"/>	Estado / State	<input type="text"/>
País / Country	<input type="text"/>	C. P. / ZIP	<input type="text"/>
Teléfono / Telephone	<input type="text"/>	FAX	<input type="text"/>
E-mail	<input type="text"/>		

Hoteles / Hotels

Favor de seleccionar el hotel y tipo de habitación que desea hospedarse: *Please Select the Hotel and kind of room:*

HOTELES PARTICIPANTES	CATEGORIA	Tiempo	Standard Room	Standard Room	Executive Room
<i>PARTICIPATING HOTELS</i>	<i>CATEGORY</i>	<i>Time to:</i>	<i>Single/ Sencilla</i>	<i>Double/ Doble</i>	<i>Ejecutivo</i>
<input type="checkbox"/> Presidente Intercontinental*	Gran Turismo	20 Minutos	<input type="checkbox"/> \$ 159.00 USD	<input type="checkbox"/> \$ 185.00 USD	<input type="checkbox"/> \$ 380.00 USD
<input type="checkbox"/> Nikko	Gran Turismo	20 Minutos	<input type="checkbox"/> \$ 155.00 USD	<input type="checkbox"/> \$ 155.00 USD	<input type="checkbox"/> \$ 205.00 USD
<input type="checkbox"/> Camino Real	Gran Turismo	20 Minutos	<input type="checkbox"/> \$ 140.00 USD	<input type="checkbox"/> \$ 140.00 USD	<input type="checkbox"/> \$ 190.00 USD
<input type="checkbox"/> Sheraton Maria Isabel ++	Gran Turismo	20 Minutos	<input type="checkbox"/> \$ 120.00 USD	<input type="checkbox"/> \$ 125.00 USD	N/A
<input type="checkbox"/> Crowne Plaza Mexico	5 Estrellas	25 Minutos	<input type="checkbox"/> \$ 100.00 USD	<input type="checkbox"/> \$ 100.00 USD	N/A
<input type="checkbox"/> Fiesta Americana Reforma	5 Estrellas	20 Minutos	<input type="checkbox"/> \$ 999.00 Pesos	<input type="checkbox"/> \$ 999.00 Pesos	N/A
<input type="checkbox"/> Radisson Hotel Flamingo++	5 Estrellas	20 Minutos	<input type="checkbox"/> \$ 990.00 Pesos	<input type="checkbox"/> \$ 990.00 Pesos	N/A
<input type="checkbox"/> Holiday Inn Toreo Satélite	5 Estrellas	20 Minutos	<input type="checkbox"/> \$ 940.00 Pesos	<input type="checkbox"/> \$ 940.00 Pesos	N/A
<input type="checkbox"/> Casa Inn México	4 Estrellas	20 Minutos	<input type="checkbox"/> \$ 770.00 Pesos	<input type="checkbox"/> \$ 770.00 Pesos	N/A

++ TARIFA INCLUYE DESAYUNO / ++ RATE INCLUDED BREAKFAST

* PUNTO DE PARTIDA DE LA TRANSPORTACION OFICIAL DEL EVENTO (OTORGADA POR PAACE AUTOMECHANIKA MEXICO 2010)

*DEPARTURE POINT OF SHOW BUSES (PROVIDED BY PAACE AUTOMECHANIKA MEXICO 2010)

Tarifas cotizadas en U.S. dólares y pesos no incluyen Impuestos 19% / Rates quoted in U.S dollar, and pesos tax not included.

NOTA: Si desea realizar su reservación en otro hotel de la plaza y al más bajo costo por favor llámenos y con gusto le atenderemos.

NOTE: If you wish to make your reservation at any other hotel of the city please call us and we will be more than happy to help you.

Información del Huésped / Guest Information

Número de habitaciones reservadas: _____

Number of rooms reserved _____

Nombre / Name	Sencilla	Doble/Double	Doble / Double	Llegada/Arrive	Check Out
	Single	1 Cama / Bed	2 Camas/Beds	Mes / Día	Mes / Día
1.- _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____	____/____
2.- _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____	____/____
3.- _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____	____/____

Tarjeta de Crédito Para Garantizar / Credit Card to Guarantee your room.

American Express Master Card Visa Número / Number: _____

Nombre del Tarjetahabiente / Name: _____ Vence /Expires: _____

Si tiene alguna pregunta referente a los hoteles favor de llamarnos/ If you have any question regarding the hotels please call us

GCI GRUPOS Y CONVENCIONES INTERNACIONALES

Todos los hoteles al más bajo costo en un sólo teléfono / All the hotels at the lower rate in only one call.

Ladas sin Costo 01 800 7182 821, 01 800 7373 123, 01 800 8383 100 (México)

Toll Free: (888) 243 7405 & (888) 243 7406 (U.S. & Canada)

E-mail:reservaciones@gci-mexico.com Home Page:www.reservesuhabitacion.com

Conmutador: 52 + (81) 8369 6868, FAX: 52 + (81) 8369 6666

DEADLINE
9th. JULY 2010



14 – 16th. JULY
CENTRO BANAMEX

HOSTESS SERVICE

To request the executive hostess and model services, please supply the following information to **Coordinación y Desarrollo de Eventos** Company. You may fax your order to (52-55) 53 73 96 23, 5560 3437, 5373 1441, 5560 7044 or e-mail it to: saimex@mx.inter.net, info@codeven.net

Company: _____ Contact: _____ Booth No.: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

TEMPORARY PERSONNEL	Price per 8 hours per show day.	Number of Temps	Number of Days	Total Amount
<i>Hostess</i> <i>(Spanish ONLY)</i>	\$200.00 USD	_____	_____	_____
<i>Hostess AAA Executive</i> <i>(English/ Spanish)</i>	\$230.00 USD	_____	_____	_____
<i>Model</i> <i>(English/ Spanish)</i>	\$250.00 USD	_____	_____	_____

SUBTOTAL: _____

(VAT 16%): _____

TOTAL USD: _____

Please select what type of Credit Card you are using:

American Express Credit Card Payment: Corporate _____ Personal _____

Visa / Mastercard _____

Name: _____

Credit Card Number : _____ Exp Date: _____

Security Number _____

The deposit must be at the following name: Laura Oliver Palacio.

Account Number: Grupo Financiero Banorte

Bank of New York, ABA 021000018. SWIFT: IRVTUS3N

Position: New York Clabe: 072 180 00179597585 0 Plaza 9244 Sucursal: 2185

Please supply your invoicing information.

Name _____ RFC (for Mexican companies only) _____

Address _____

City _____ ZIP _____

SIGNATURE _____

TERMS AND CONDITIONS

The hostess ladies will be at your booth one half hour prior to the start of the show.
There will be no refunds for "no-show exhibitors" or cancellations after deadline. All prices are based on 8-hour shift per show day.

By completing this form, you agree to the Terms and Conditions.

NOTE: Quotation in dollars, to be payed in pesos as the exchange rate at the day of the event.

DEADLINE
9th. JULY 2010



14 – 16th. JULY
CENTRO BANAMEX

INTERPRETER SERVICE

To request the interpreter service, please supply the following information to **Coordinación y Desarrollo de Eventos** Company. You may fax your order to (52-55) 53 73 96 23, 5373 1441, 5560 7044, 55603437 or e-mail it to: info@codeven.net, saimex@mx.inter.net

Company: _____ Contact: _____ Booth
No.: _____
Address: _____
City: _____ State: _____ ZIP: _____ Country: _____
Phone: _____ Fax: _____ E-mail: _____

<i>TEMPORARY PERSONNEL</i>	Price (1 - 8 hours) per show day.	Number of Interpreters	Number of days	Total Amount
<i>Interpreter English – Spanish - English.</i>	\$ 400.00 USD	_____	_____	_____
<i>Interpreter French – Spanish – French</i>	\$ 450.00 USD	_____	_____	_____
<i>Interpreter Italian – Spanish - Italian</i>	\$500.00 USD	_____	_____	_____
<i>Interpreter German – Spanish –German</i>	\$580.00 USD	_____	_____	_____
<i>Interpreter Portuguese – Spanish – Portuguese</i>	\$540.00 USD	_____	_____	_____
<i>Interpreter Chinese –Spanish – Chinese</i>	\$560.00 USD	_____	_____	_____

Consecutive service in booth attention).

SUBTOTAL: _____
(VAT 16%): _____
TOTAL USD: _____

Please select what type of Credit Card you are using:

American Express Credit Card Payment: Corporate _____ Personal _____

Visa / Mastercard _____

Name: _____

Credit Card Number : _____ Exp Date: _____

Security Number _____

The check or The deposit must be at the following name: Laura Oliver Palacio.

Account Number: Grupo Financiero Banorte

Bank of New York, ABA 021000018. SWIFT: IRVTUS3N

Position: New York Clabe: 072 180 00179597585 0 Plaza 9244 Sucursal: 2185

Please supply your invoicing information.

Name _____ RFC (for Mexican companies only) _____

Address _____

City _____ ZIP _____

SIGNATURE _____

TERMS AND CONDITIONS

The hostess ladies will be at your booth one half hour prior to the start of the show.
There will be no refunds for "no-show exhibitors" or cancellations after deadline. All prices are based on 8-hour shift per show day.
By completing this form, you agree to the Terms and Conditions.

NOTE: Quotation in dollars, to be payed in pesos as the exchange rate at the day of the event.

Deadline to return this form: JULY 09, 2010



BAR CODE SCANNER REQUEST FOR SALES LEAD FOLLOW – UP

COMPANY:					
TRADE MARK:			BOOTH NUMBER:		
ADDRESS:			ZIP:		
CITY:		STATE:		COUNTRY:	
TEL.			FAX.		
CONTACT (NAME):					
TITLE:					
E-mail:					

CONDITIONS:

- Payment must be done in cash or check payable to: SCAN PRO, S.A. DE CV.
- **DEPOSIT:** BANK SANTANDER, SA / ACCOUNT 65-50-11-55-513 BRANCH 5559 Nápoles
 (If you make its payment to deposit for to notify their number of reference we ask in the bank.)
- **WIRE TRANSFER:** BANK SANTANDER, SA / CLABE 01-41-80-65-50-11-55-51-35
 Number of Aba: chasus33 Number of Swift: 021000021
 Beneficiary Bank: BMSXMMBANCOSANTANDERSA Sub account: 400047144
 Correspondent Bank: JPMORGANCHASE CD NEW YORK

(Please send copy of the ticket deposit or wire transfer by fax or email).

QUANTITY	SERVICE	DESCRIPTION	EQUIPMENT	COST FOR EVENT	TOTAL
	barcode containing attendee data 	MC50 Reader portable Bar Code containing attendee data This reader the information in the memory of the equipment as: (Company, Name, Title, Address, Telephone and Email). THE INFORMATION IS DELIVERED IN A CD FORMAT EXCEL (XLS).		\$300.00 USD	
	OPERATOR	If you want a personal to be responsible of the equipment, the cost has nothing to do with the cost of the equipment.		\$360.00 USD	

EQUIPMENT DELIVERED:

- The equipment is delivered the first day of the show two hours before the show .
- You are completely responsible of the equipment, any kind of lost or damage you must pay for them.
- In case of canceling the rent after doing the procedure you must do it 5 days before the show opens;
 if not you must cover 50% of the cost.
- During the day's show we are not responsible of the use you give to the equipment.
- You will got your information one hour after have delivered the equipment al the registration area.



Send this form by fax or e-mail:
México, City 01 52.55. 5523-9760, 5543-39-26
To the attention: VANESSA CORVERA RDZ.
vanessa@mpro.com.mx

vier Villaurrutia # 14
 . Paulino Navarro, C.P. 06870
 l. Cuahutemoc, D.F. Mexico
 3fonos: 4623 -1997
 ail: rosenthal_direcciongeneral@hotmail.com



Av. Lopez Mateos Sur # 20
 C.P. 45040, Zapopan, Jalisco, Mexi
 Telefonos: 1617-4850
 e-mail: copsgdl@seguridadcodigoazul.com

SOLICITUD DE SEGURIDAD PARA STAND/BOOTH SECURITY ORDER FORM

FECHA/DATE

EMPRESA/COMPANY STAND/BOOTH(S) #

DIRECCION/ADDRESS

CIUDAD/CITY ESTADO/STATE CP/ZIP CIUDAD/COUNTRY

TELEFONO/PHONE(S) FAX

NOMBRE/NAME CARGO/CHARGE

DESCRIPCION/DESCRIPTION	COSTO DIA/DAY COST	# DIAS/DAYS	# GUARDIAS/GUARDS	TOTAL/TOTAL COST
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GUARDIA DIURNO/DIURNAL GUARD 12 HRS	\$ 600.00			
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GUARDIA NOCTURNO/NOCTURNAL GUARD 12 HRS	\$ 600.00			
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GUARDIA BILINGÜE/BILINGUAL GUARD ING/ESP/ENG	\$ 65 US DLLS			
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ESPECIFICAR FECHA Y GUARDIAS POR TURNO (EJ: DIA 04/2 GUARDIAS)

TO SPECIFY DATE AND GUARDS IN TURN (EX: DAY 04/2 GUARDS)

DIURNO _____

NOCTU _____

SUB-TOTAL

16 % IVA/TAX

TOTAL

FIRMA DE ACEPTACION/CONFIRM SIGNATURE

LOS TURNOS DIURNOS INICIAN DE LAS 8:00 O 9:00 HORAS/THE SERVICE STAR TO 8:00 OR 9:00 HOURS

Y NOCTURNOS INICIAN DE 20:00 A 21:00 HORAS/AND NOCTURNAL TO 20:00 OR 21:00 HOURS

EL COSTO SERA EL MISMO DE 1 A 12 HORAS/1 TO 12 HOURS ARE THE SAME COST

FACTURAR A NOMBRE DE/NAME TO INVOICE

DIRECCION FISCAL/ADDRESS

RFC

FORMA DE PAGO: 100 % COMO LIQUIDACION AL CONTRATAR EL SERVICIO

PAYMENT: 100% TO PURCHASE AGREEMENT

FAVOR DE ADJUNTAR A ESTA FORMA CHEQUE CRUZADO A NOMBRE DE

CONTROL DE SEGURIDAD PRIVADA CODIGO AZUL, S.A. DE C.V.

ADD PAYMENT TO THIS FORM TO

CONTROL DE SEGURIDAD PRIVADA CODIGO AZUL, S.A. DE C.V.