Abu Dhabi Air Expo 2022.
November 1-3, 2022.

Air Conditioning Reservation Sheet, Static Display

Your Order Information

Air Conditioning Units

Final billing will reflect an additional **$250** setup charge per unit.

	Company	Space #		Quantity	Price / Unit	Total
3 Ton Unit 230V 1phase 30amp **10KVA (60Hz)**					$3,750	
5 Ton Unit 230V 1phase 30amp **10KVA (60Hz)**					$4,750	

*ELECTRICAL POWER TO SUPPORT EACH UNIT WILL NEED TO BE ORDERED SEPARATELY.
PLEASE REFER TO THE ELECTRICAL ORDER FORM TO PLACE YOUR ELECTRICAL REQUIREMENTS FOR EACH UNIT

Your company Information

(or paste business card here)

Company Name:

Address:

Contact Name:

Phone Number:

Fax Number:

For order confirmation please attach completed Method of Payment Form.

Please email your order to Ulrich Koch at ukoch@aeminternational.com before October 1, 2022.
Availability and price per unit is not guaranteed after October 1, 2022.

For further information please contact Ulrich Koch at (514) 695 1331 or email: ukoch@aeminternational.com

Method Of Payment Form

NAME OF SHOW:

COMPANY NAME: BOOTH#:

ADDRESS:

(STREET) (P.O. BOX)

PHONE #: EXT.: FAX# : E-MAIL:

ORDERED BY: PRINT NAME: DATE:

Ensure all payments are received prior to the event

☐ **COMPANY CHECK**
Please make check payable to: AEM International. Checks must be in U.S. funds drawn on a U.S. or Canadian bank.(**"U.S. FUNDS"** MUST BE PRE-PRINTED on Canadian checks.)

☐ **CREDIT CARD**
For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative.

Please complete the information requested below:

☐ **BANK TRANSFER**
Royal Bank of Canada (514)856 8900, 3131 Cote Vertu - Local F1 St-Laurent, Qc. Canada, H4R 1Y8 - Bank # 003 - Transit # 03051
■ **Account # 400-444-6 - ABA # 021000021**

■ **BIC/SWIFT* ROYCCAT2**

■ **Recipient: AEM International (450) 424 2202**

Please reference Name of Show and company name on all Bank Transfers so we may properly credit your account. Note: Customers are responsible for any bank processing fees.

MASTERCARD **VISA**

Account No.: Exp. Date:
☐ Personal Credit Card ☐ Company Credit Card

Cardholder Name: (Print) Signature:

Cardholder Billing Address:

City/State/Zip:

E-mail Address for Invoice Notification:

Total =