

Abu Dhabi Air Expo 2022.

November 1-3, 2022.

GPU Reservation Sheet, Static Display

Your Order Information

Ground Power Units

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

	Company	Space #	Quantity	Price / Unit	Total
28V DC Unit 220V 3phase 25Amp 10 KVA (50 or 60Hz)				\$3,750	
AC 400hz Unit 380V 3phase 40Amp 30 KVA (50 or 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

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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: _____
<input type="checkbox"/> Personal Credit Card <input type="checkbox"/> Company Credit Card	
Cardholder Name: (Print) _____	Signature: _____
Cardholder Billing Address: _____	
City/State/Zip: _____	
E-mail Address for Invoice Notification: _____	

Total =