

ADI TEAM CONGRESS 2023

3rd - 6th MAY 2023

ICC, BIRMINGHAM

Index Use	
E.C.	
BOMPAC	
PAYMENT	

ELECTRICAL ORDER FORM

Stand No.

Deadline Date - Tuesday 4th April 2023

* orders received after this date will be charged at STANDARD PRICE

As part of your Shell Scheme Package you will receive

2 x Spotlights & 1 x 500w Socket

Additional items can be ordered as below

Item	Early bird discount price	Standard price	Qty	Total
1 x Low Voltage Spotlight	£61.00	£76.00		
3 x Low Voltage Spotlight	£121.00	£151.00		
2 x Low Voltage Spotlight & 500w Socket Outlet - 2amps	£217.00	£271.00		
500w Socket Outlet - 2amps	£157.00	3196.00		
1kw Socket Outlet - 4amps	£216.00	£270.00		
2kw Socket Outlet - 8amps	£305.00	£381.00		
3kw Socket Outlet - 12amps	£448.00	£560.00		
500w Socket Outlet 24hrs supply (Fridge)	£406.00	£508.00		
Shell Scheme Testing Fee	£15.00	£15.00		
Space Only Testing Fee	POA	POA		

The new Electrical Testing charge is now required to meet the revised minimum testing requirements in line with BS7671 (2008). The **compulsory** order form testing charge of £15 is for order form items only.

All **direct mains** ordered will need to provide relevant information at the time of quotation, full details can be given upon request. If a **direct main Test & Inspect** is required then this will be by **quotation** also.

No goods will be supplied unless full payment is received

Company Name:	
Address:	
Postcode:	
Telephone:	Facsimile:
Contact Name:	
EU VAT No:	
Email:	

*Testing	£15.00
Sub Total	
1.3% surcharge for credit card payments	
1.9% surcharge for AMEX payments	
Total	
Vat 20%	
Total	

Please supply a drawing to show position of fixings

For any items not listed a quotation may be obtained from Index Group

Any items requested on site will be supplied subject to availability and will incur a 20% surcharge on the STANDARD RATE prices

For your convenience orders can be placed at <http://ig.events/content/electrical-order-form>

Please return to:

INDEX GROUP LTD
 Unit X1, Claybrookes Court, Herald Way, Binley Ind. Estate, Coventry, CV3 2NY
 Telephone: 0800 085 9885
 E-mail: electrics@indexgroup.org



Event & Exhibition Solutions

Your trusted partner

Payment & Credit Card Charge Authorisation

Exhibition Name: _____

Stand Number: _____

Company Name: _____

Address: _____

Country: _____

Postcode: _____

Telephone: _____

Facsimile: _____

Contact Name: _____

EU VAT Number (if applicable): _____

Email: _____

PO Number: _____

PAYMENT POLICY

Payment for services— Index Group Ltd requires payment in full at the time services are ordered.

Method of payment— Index Group Ltd accepts all major credit / debit cards, and bank transfers only. Purchase orders are not considered payment. We require your payment authorisation to be completed and returned even if you are paying by bank transfer. You do not need to complete your card details unless you wish to pay by this method. Please tick the box below to indicate your preferred method of payment.

Bank Transfer
Debit Card
Credit Card (surcharge)
American Express (surcharge)

Full payment must be received prior to the build up of the show.

Cancellations/Refunds— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund.

Bank Transfer Payment Information:

Bank details will be provided on your invoice for BACS payments.

Please include your invoice number in your payment reference.

I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd:

Signed: _____

Print Name: _____

Date: ____/____/____

CREDIT CARD CHARGE AUTHORISATION

All information must be provided. Your order will not be processed if any information is missing.

Please note that there is a surcharge for credit card transactions.

Please ensure this form is returned with all orders.

Debit Card
Credit Card (surcharge)
American Express (surcharge)

Card Number: _____

Expiry Date: ____/____

Security Code (Last 3 digits on signature strip) _____

Start Date (if shown): ____/____

Issue Number (if shown): _____

Cardholders Name: _____

Cardholders billing address (If different to above):

Post Code: _____

Cardholders Signature: _____

Date: ____/____/____

Please note this form will be destroyed once payment has been processed/received.

If you have any questions relating to any of the information on this form please contact us on:
0800 085 9885

Please return this form and completed order form to corresponding email/postal address which can be found on the bottom of the relevant order form.



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