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| **COTIZACIÓN ESPACIO AUDIOVISUAL /TECHNICAL TALK ROOM HYVOLUTION 2025** | | | | | | | |
| **DATOS PARA FACTURACIÓN / BILLING INFORMATION** | | | | | | | |
| RAZÓN SOCIAL /COMPANY |  | | | | STAND /BOOTH |  | |
| RUT |  | | | | CONTACTO /CONTACT |  | |
| GIRO |  | | | | EMAIL |  | |
| DIRECCIÓN / ADDRESS |  | | | | TELÉFONO/TELEPHONE |  | |
| **C. COSTO** | **T. VTA.** | **FACTURA** | **VENDEDOR** | | **MONEDAS** | **G. DESPACHO** | **FORMA DE PAGO /** Payment |
| **121** |  | X |  | |  |  | Transferencia |
| **INFORMACIÓN CHARLAS / TECHNICAL TALK INFORMATION** | | | | | | | |
| **Título de la charla / Title:**  **Relator / Speaker:** | | | | | | | |
| **DATOS PAGO TRANSFERENCIA EXPOSITORES NACIONALES**  Transfer Payment Details | | | | **VALOR CHARLA / Price:**  **4,5 UF + IVA - 180 EUROS + VAT** | | | |
| **BANCO** /Bank: **ITAÚ** **NÚMERO DE CUENTA**/ACCOUNT NUMBER: **224900702** **BENEFICIARIO** / BENEFICIARY**:** **FISA S.A.** **RUT:** **96.955.780-0** | | | | **Valor UF:**  **Neto:**  **IVA:**  **Total a pagar:** | | | |
|

**POR FAVOR SELECCIONAR DIA Y HORARIO CON UNA “X” /** PLEASE SELECT DAY AND TIME WITH AN “X”.

Esta solicitud de reserva está sujeta a disponibilidad y confirmación por parte de la Organización.

This reservation request is subject to availability and confirmation by the Organization.

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| **Horario Schedule** | **Martes 2 Tuesday 2** | **Miércoles 3 Wednesday 3** | **Jueves 4 Thursday 4** |
| 11:00 a 11:45 hrs. |  |  |  |
| 12:00 a 12:45 hrs. |  |  |  |
| 13:00 a 13:45 hrs. |  |  |  |
| Receso / Break |  |  |  |
| 15:00 a 15:45 hrs. |  |  |  |
| 16:00 a 16:45 hrs. |  |  |  |
| 17:00 a 17:45 hrs. |  |  |  |

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| --- |
| * **Valor: 4,5 UF + IVA** – 180 EUROS * **Duración: 45 Min** * **Capacidad: 40 personas** * **Equipamiento:** Amplificación básica (micrófono solapa - inalámbrico), pantalla, Notebook * **Pago:** El servicio debe estar cancelado antes del comienzo de la feria, de lo contrario no será considerado * **Servicio no incluye intérprete ni equipamiento de traducción** * **La convocatoria y asistencia a la charla es de exclusiva responsabilidad de la empresa expositora**. * **Cupos limitados**   **Todos los servicios deben estar pagados antes del 26 de agosto, 2025 CIERRE DEL PROGRAMA: 4 de agosto, 2025** *Si a la fecha del cierre aún no ha enviado la información de su charla (título, relator y empresa) los datos no podrán ser publicados en el programa oficial de charlas comerciales.* **Contacto: Servicio al Expositor, Fisa S.A., teléfono: (56 22 5307220); email:** [**kfarfan@fisa.cl**](mailto:kfarfan@fisa.cl)   * **Price:** 4,5 UF + IVA / 180 EUROS * **Duration:** 45 minutes * **Capacity:** 40 people * **Equipment:** Basic amplification (wireless lapel microphone), screen, notebook, and backdrop * **Payment:** Service must be paid for before the start of the fair, otherwise it will not be considered. * **Translation equipment:** If you require translation equipment, please contact the organizer at kfarfan@fisa.cl (external providers are not allowed, only the official provider). * **Interpreter:** Interpreter not included. * **Responsibility:** The company exhibiting the presentation is solely responsible * **Limited spaces**   All services must be paid for by August 26th.  Program deadline: August 4th  If you have not submitted the information for your presentation (title, speaker, and company) by the closing date, your information will not be included in the official program of business presentations.  Contact: **Exhibitor Services, Fisa S.A., phone: (56 22 5307220); email:** [**kfarfan@fisa.cl**](mailto:kfarfan@fisa.cl) |

**Firma Expositor** / Exhibitor Signature