



TECHNICAL EQUIPMENT RENTAL FORM

First Name..... Family Name.....

Company.....

SNN (not for companies).....

Address..... Zip Code.....

Telephone..... Fax.....

E-mail for Contact.....

Equipment requested:

1.

2.

3.

4.

5.....

Rental Period: from..... to

From..... (equipment collection) to (equipment return)

Notes: Any booking change or cancellation must be made via fax one day before of the requested date by 12:00pm (our local time), otherwise 50% of the total amount due will be charged.

Date.....

Signature.....

After filling out this form, fax it to this number +55 (21) 2548.1800