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REQUIRED FORM

**PLEASE RETURN BY
 JANUARY 27, 2020**

Shipping Data

Important, please return this form 30 days prior to move-in to facilitate the proper staff and equipment to unload your exhibit materials. Please copy for your reference.

1 Company Information	Exhibiting Company: _____ Booth Number: _____
	Corporate Name: _____
	Contact Name: _____
	Telephone Number: _____ Fax Number: _____
	What are the least number of work days to erect your booth? _____

2 Shipping Information	Shipper: _____ (Name of Company if different from above, i.e., exhibitor appointed contractor, etc.)
	Address: _____ (From where materials are being shipped.)
	City: _____ State: _____ Zip: _____
	Contact Name: _____ Telephone Number: _____
	Date Shipment Sent: _____ Expected Arrival Date: _____
	Materials being shipped to: (Choose one) <input type="checkbox"/> Warehouse <input type="checkbox"/> Direct to Show
	If using a Customs or International forwarder, print name: _____
	Telephone Number: _____ Fax Number: _____

3 Transportation	Shipped via: (Choose one) <input type="checkbox"/> Common Carrier <input type="checkbox"/> Van Line <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Air Freight <input type="checkbox"/> Other: _____
	Mobile Units _____
	List Carrier Name(s): _____

	Number of Pieces to be shipped:
	Largest Piece: Size: Weight:
Type of Packing: Crated: Uncrated:	
 Machinery: Misc.	
Estimated Total Weight of Booth: _____	

4 Shipping Problems	In case a problem occurs with shipment, please contact (in order of preference):
	Name: _____
	Phone Number: () - - () - - () - - (Office) (Home) (Cell)
	Email Address: _____
	Name: _____
	Phone Number: () - - () - - () - - (Office) (Home) (Cell)
Email Address: _____	

**All freight handling charges must be paid in full at show site by check or credit card.
 Shipment of materials to warehouse or show site address indicates acceptance of these terms.**