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REQUIRED FORM

Shipping Data

PLEASE RETURN BY:
 MONDAY, AUGUST 23, 2021

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: _____	