

Transportation Order Form

PO Box 960 Banff Alberta T1L 1J4 Phone: 403 762-2828 Fax: 403 762-2777 Email: banff@ges.com

Arrange before
April 5, 2016

SHIPPER INFORMATION		IF SHIPPING FROM ANOTHER SHOW PLEASE FILL IN THIS SECTION:	
COMPANY/EXHIBITOR:		SHIPPING FROM A SHOW: <input type="checkbox"/> YES <input type="checkbox"/> NO	BOOTH #
FACILITY/BUSINESS PICKING UP FROM:	ADDRESS:	SHOW NAME:	
CITY:	PR/ST POSTAL / ZIP CODE	MOVE-OUT DATE:	MOVE-OUT TIMES:
COUNTRY:	CONTACT:	SHOW CONTRACTOR:	MARSHALLING YARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:	FAX:	WILL BE SHIPPING TO THE ADVANCED WAREHOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	

TAILGATE PICK UP REQUIRED? YES NO **LOADING DOCK?** YES NO **PICK UP HOURS:**

DESTINATION INFORMATION (Return after show)		IF SHIPPING TO ANOTHER SHOW PLEASE FILL IN THIS SECTION:	
COMPANY/EXHIBITOR:		SHIPPING TO A SHOW: <input type="checkbox"/> YES <input type="checkbox"/> NO	BOOTH #
FACILITY/BUSINESS DELIVERING TO:	ADDRESS:	SHOW NAME:	
CITY:	PR/ST POSTAL / ZIP CODE	MOVE-IN DATE:	MOVE-IN TIMES:
COUNTRY:	CONTACT:	SHOW CONTRACTOR:	MARSHALLING YARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:	FAX:	WILL BE SHIPPING TO THE ADVANCED WAREHOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	

TAILGATE DELIVERY REQUIRED? YES NO **LOADING DOCK?** YES NO **DROP OFF HOURS:**

CUSTOMS INFORMATION			
CUSTOMS BROKER:	CUSTOMS BROKER CONTACT:	CUSTOMS BROKER PHONE:	CUSTOMS PAPERWORK ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE INDICATE SERVICE REQUIRED

ONE WAY ROUND TRIP REGULAR GROUND EXPEDITED GROUND

ITEMS TO BE SHIPPED		SERVICE WILL BE CHARGED ON ACTUAL WEIGHT & DIMENSIONS	
TOTAL # OF PIECES		DIMENSIONS IN INCHES	ESTIMATED WEIGHT
	CARTONS (CARDBOARD)	H _____ " x W _____ " x L _____ "	
	CASES/TRUNKS (FIBRE) COLOUR:	H _____ " x W _____ " x L _____ "	
	CRATES (WOODEN)	H _____ " x W _____ " x L _____ "	
	SKIDS/PALLETS	H _____ " x W _____ " x L _____ "	
	CARPET - COLOUR:	H _____ " x W _____ " x L _____ "	
	OTHER - LIST:	H _____ " x W _____ " x L _____ "	
	TOTAL# OF PIECES	TOTAL WEIGHT	

CREDIT CARD CHARGE AUTHORIZATION		MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/>																
CARDHOLDER'S NAME	PLEASE PRINT	<table border="1"> <tr> <td>Account #</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Account #															
Account #																		
CARDHOLDER'S BILLING ADDRESS	CITY																	
PROVINCE / STATE	POSTAL CODE																	
		_____ CARDHOLDER'S SIGNATURE DATE EXPIRATION DATE																

TERMS AND CONDITIONS

All orders governed by the GES CANADA payment policy & GES CANADA Terms & Conditions of Contract as specified in this Exhibitor's Kit.

AUTHORIZED SIGNATURE	AUTHORIZED CONTACT	COMPANY NAME	EMAIL ADDRESS
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