



SHIPPING

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PICK UP INFORMATION

COMPANY NAME: _____	PICK UP DATE: _____	PICK UP TIME: _____
ADDRESS: _____	BUSINESS HOURS: _____	LOADING DOCK: ☐ YES ☐ NO
CITY: _____	PROV/STATE: _____	CODE: _____
CONTACT: _____	CUSTOMS PAPERWORK ATTACHED: ☐ YES ☐ NO	
PHONE: _____	IF YES, CUSTOMS BROKER: _____	
FAX: _____	EMAIL: _____	PHONE: _____

I will be shipping to: ☐ ADVANCED WAREHOUSE ☐ SHOW SITE

DESTINATION

COMPANY NAME: _____	BOOTH #: _____
ON-SITE CONTACT: _____	
SHOW NAME: <u>Quality Improvement and Patient Safety Forum</u>	DELIVERY DATE: _____
FACILITY: <u>Metro Toronto Convention Centre - South Building</u>	DELIVERY TIME: _____
ADDRESS: <u>222 Bremner Blvd.</u>	
CITY: <u>Toronto</u>	PROV/STATE: <u>Ontario</u>
POSTAL CODE: <u>M5V 3L9</u>	

SERVICE REQUIRED

☐ ONE WAY ☐ ROUND TRIP

☐ TIME CRITICAL ☐ 3-5 DAY ☐ GROUND

ITEMS TO BE SHIPPED

SERVICE WILL BE CHARGED ON **ACTUAL** WEIGHT & DIMENSIONS

TOTAL NUMBER 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	TOTAL WEIGHT:	

BILLING AND PAYMENT INFORMATION

COMPANY NAME: _____	ADDRESS: _____	CITY: _____
PROV/STATE: _____	CODE: _____	EMAIL: _____
CREDIT CARD NUMBER: _____	EXPIRY DATE: _____	
☐ VISA	☐ MASTERCARD	☐ AMERICAN EXPRESS
CARDHOLDER NAME: _____	CARDHOLDER SIGNATURE: _____	

TERMS & CONDITIONS

GES assumes no responsibility for shipments left in booth by exhibitor. All materials are subject to final count and correction at time of actual removal from booth. Shipper hereby designates GES as its agent for tendering shipments to carrier. GES reserves the right to reroute any outgoing shipment via an alternate carrier in the event the requested carrier fails to pick up the shipment by established carrier check-in deadline. GES assumes no responsibility for misdirected shipments as a result of old shipping labels which remain on containers. It is the shipper's responsibility to state the national motor freight classification commodity description, otherwise shipment shall be described as exhibition materials.

1) GES shall not be responsible for damage to uncrated materials, materials improperly packed, or concealed damage. 2) GES shall not be responsible for loss, theft, or disappearance of exhibitors material after same has been delivered to exhibitor's booth. 3) GES shall not be responsible for loss, theft, or disappearance of materials before they are picked up from exhibitor's booth for reloading after the show. Bill of Lading covering outgoing shipments, which are furnished by GES to exhibitors, will be checked at time of actual pick-up from booth and corrections made where discrepancies occur. 4) GES shall not be responsible for any loss, damage, or delay due to fire, acts of God, strikes, lockouts or work stoppages of any kind, or to any causes beyond its control. 5) GES's liability shall be limited to the physical loss or damage to the specific article which is lost or damaged, and in any event GES's maximum liability shall be limited to \$0.30 per pound per article with a maximum liability of \$50.00 per item, or \$1,000.00 per shipment, whichever is less. 6) GES shall not be liable to any extent whatsoever for any actual, potential, or assumed losses of profits or revenues, or for any collateral costs, which may result from any loss or damage to an exhibitor's materials which may make it impossible or impractical to exhibit same. 7) The consignment or delivery of a shipment to GES by an exhibitor, or by any shipper to or on behalf of the exhibitor, shall be construed as an acceptance by such exhibitor (and/or other shipper) of the terms and conditions set forth. Exhibitor is responsible to declare all hazardous materials and abide by all federal, state and local laws.

By signing this order form, shipper agrees to be bound by all its terms and conditions.

X _____ Date: _____

Please Print Name: _____