



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: _____ CUSTOMS PAPERWORK ATTACHED: YES NO
 CONTACT: _____ IF YES, CUSTOMS BROKER: _____
 PHONE: _____ CONTACT: _____
 FAX: _____ EMAIL: _____ PHONE: _____

I will be shipping to: ADVANCED WAREHOUSE SHOW SITE

DESTINATION

COMPANY NAME: _____ BOOTH #: _____
 ON-SITE CONTACT: _____
 SHOW NAME: STARCANADA 2017 DELIVERY DATE: _____ DELIVERY TIME: _____
 FACILITY: Hyatt Regency Toronto - King Ballroom
 ADDRESS: 370 King St. West
 CITY: Toronto PROV/STATE: Ontario POSTAL CODE: M5V 1J9

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: _____ TEL: _____
 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: _____