# TRANSPORTATION SERVICES ORDER FORM

CONSULTEXPO

Fax or Email Forms to: 1-888-629-9008 - JOHNS@consultexpoinc.com - Tel:514-482-8886

**Show / Event Name:** AIDS 2022 **Show / Event Dates:** JULY 29-AUGUST 2, 2022

**Services Required (Please select one):**

☐ Round Trip Shipping Services ☐ Inbound Shipping Only ☐ Outbound Shipping Only

| SHIPPER INFO (SHIPPING FROM) | | |
|---|---|---|
| Company Name: | | |
| IRS# | | |
| Address: | | |
| | | |
| | | |
| City: | State/Prov: | Zip/Post: |
| Contact Name: | | Tel: |
| Email: | | Fax: |

| DELIVERY INFO (GOING TO) | | |
|---|---|---|
| Company Name: | | Booth# |
| Venue Name: AIDS 2022 C/O GES C/O TRANSKID | | |
| Address: 1785, 55TH AVENUE | | |
| | | |
| | | |
| City: DORVAL | State/Prov: QC | Zip/Post: H9P2W3 |
| On-site Contact Name: | | Cell: |
| Email: | | |

| RETURN SHIPPING INFORMATION ☐ SAME AS SHIPPER | | |
|---|---|---|
| Company Name: | | |
| IRS# | | |
| Address: | | |
| | | |
| | | |
| City: | State/Prov: | Zip/Post: |
| Contact Name: | | Tel: |
| Email: | | Fax: |

| INVOICING INFORMATION ☐ SAME AS SHIPPER | | |
|---|---|---|
| Company Name: | | |
| IRS# | | |
| Address: | | |
| | | |
| | | |
| City: | State/Prov: | Zip/Post: |
| Contact Name: | | Tel: |
| Email: | | Fax: |

**TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)**

Charge to: ☐ VISA ☐ MASTERCARD ☐ AMEX

Cardholder Name: Title:

Credit Card Number: CVV: Expiry Date:

I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 20% surchage (minimum $50.00).

Cardholder Signature: Date:

**SHIPMENT INFORMATION**

| | |
|---|---|
| Carrier Name (If not using GES ): | Carrier Contact Name: |
| Carrier Contact Tel: | Carrier Contact Email: |
| Pick-up Date: | Hours of Operation: |
| Delivery Date: | Delivery Time: |

| # of Pieces | Type of Pieces (Box / Crate / Skids, etc.) | Length (Inches) X Width (Inches) X Height (Inches) | | Per Piece (LBS) | Total (LBS) |
|---|---|---|---|---|---|
| | | X | X | @ Weight (LBS) Each | |
| | | X | X | @ Weight (LBS) Each | |
| | | X | X | @ Weight (LBS) Each | |
| | | X | X | @ Weight (LBS) Each | |
| | | X | X | @ Weight (LBS) Each | |
| | | X | X | @ Weight (LBS) Each | |
| | **Total Pieces** | | | **Total Weight** | |

Requested Service Level: ☐ Air Freight ☐ 2nd Day Expedited ☐ Ground / Truck

Additional Services Required: ☐ Lift Gate ☐ Inside Pick Up / Delivery ☐ Special Service (Please Specify)

**Terms and conditions:**

All orders are governed by GES Canada Ltd. Payment Policy and limits of Liability & Responsibility as specified in this event's Exhibitor kit. Please see the exhibitor services manual for more information.
ConsultExpo Event Event Services Inc. is acting agent for GES Canada Ltd.

| CLIENT SIGNATURE I have read and agree to the terms of this contract. |
|---|
| Signature: |
| Name: |
| Title: |
| Date: |

| ACCEPTED BY GES / CONSULTEXPO |
|---|
| Signature: |
| Name: |
| Title: |
| Date: |