

From your door - to the floor - and back Any Location. Any Mode. Any Service Level.

Allow the GES/ConsultExpo Logistics team to skillfully and efficiently manage the shipping and logistics process for you. As an industry leader, GES is committed to providing high level service while maintaining competitive rates and to providing an expert team you can rely on.

Consider these advantages:

- Priority delivery ensures that your freight is delivered first.
- Various service options: round-trip, outbound shipping only.
- Various transport options: time-critical, expedited, international air and more.
- Eliminate additional fees charged by some carriers for trade show deliveries.
- Avoid long wait times at the docks. Maximize your set-up time.
- GES/ConsultExpo Logistics reps are on-site and at your service .

From the beginning of move-in, throughout the event and until your last shipment leaves the show floor.

GES is the one-source solution for all of your Logistics needs.



Contact **GES/ConsultExpo Customs & Logistics** today at **ges@consultexpoinc.com** or **1(514)482-8886.** Visit the www.consultexpoinc.com/ges for an Online Form Submission.



TRANSPORTATION SERVICES ORDER FORM

Inbound Shipping Only

Company Name:

Venue Name:



Services Required (Please select one):

SHIPPER INFO (SHIPPING FROM)

Round Trip Shipping Services

Show / Event Name:

Company Name:

IRS#

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

Outbound Shipping Only

Booth#

Show / Event Dates:

DELIVERY INFO (GOING TO)

| Address: | | | Address: | | | |
|---|---|--|---|--------------------------------|-----------------------|-------------|
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| 0.14 | Ot-1-/D =- | -/Dt- | O'th a | 01-1 /5 | Zip/Post: | |
| City: | State/Prov: Zip/Post: | | City: | · | | |
| Contact Name: | Tel: Fax: | | On-site Contact Name: | | Cell: | |
| Email: | Fa | ax: | Email: | | | |
| RETURN SHIPPING IN | EOPMATION | SAME AS SHIPPER | INVOICING INFORMA | ATION | SAMEA | S SHIPPER |
| Company Name: | PORMATION | SAIVIE AS SHIFFER | Company Name: | ATION | SAIVIE | 3 SHIFFER |
| IRS# | | | IRS# | | | |
| Address: | | | Address: | | | |
| 144.000. | | | 7.00.000 | | | |
| | | | | | | |
| City: | | p/Post: | City: | State/Prov: | Zip/Post: | |
| Contact Name: | Tel: | | Contact Name: | | Tel: | |
| Email: | Fax: | | Email: | | Fax: | |
| TERMS OF PAYMENT | AND DEPOSIT - (MA | NDATORY INFORM | MATION) | | | |
| Charge to: | VISA | NEATON IN ON | MASTERCARD | | AMEX | |
| Cardholder Name: | | | Title: | | 5 55 5 5 5 5 5 | |
| Credit Card Number: | | | CVV: Expiry Date: | | | |
| | nent of services relative to this form. I u | inderstand that declined credit care | ds are subject to a 20% surchage (minimum \$5 | 50.00). | | |
| Cardholder Signature: | | | Date: | | | |
| | | | | | | |
| SHIPMENT INFORMAT | | | | | | ļ |
| Carrier Name (If not using | GES): | | Carrier Contact Nan | | | |
| 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) | | dth (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 | y Expedited C | Ground / Truck | | | |
| Additional Services Required: | Lift Gate Inside F | Pick Up / Delivery S | Special Service (Please Specify) | | | |
| Terms and conditions: | | | | | | |
| | d. Payment Policy and limits of Liabilit | √ & Responsibility as specified in the | nis event's Exhibitor kit. Please see the exhibit | or services manual for more in | formation. | |
| ConsultExpo Event Event Services Inc. is a | | , | | | | |
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| CLIENT SIGNATURE I have read and agree to the terms of this contract. | | | ACCEPTED BY GES / CONSULTEXPO | | | |
| Signature: | | | Signature: | | | |
| Name: | | | Name: | | | |
| Title: | | | Title: | | | |
| Date: | | | Date: | | | |
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