

Exhibitor Name: \_\_\_\_\_

Name of Event and Year: \_\_\_\_\_

Booth Number: \_\_\_\_\_

Pick Up Address: \_\_\_\_\_

\_\_\_\_\_

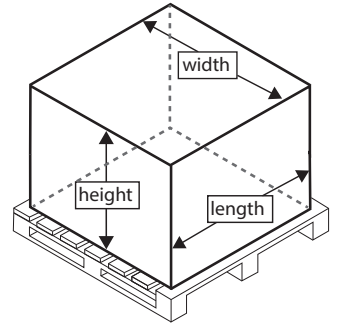
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Movement Type:**

- Air
- Ocean
- Ocean LCL
- Ocean FCL



**Deliver To:**

- Advance Warehouse
- Direct to Show Site

**\* Is there any of the following in this shipment?**

- Medical Equipment
- Cleaning Product(s)
- Food Item(s)
- Batteries
- Telecommunication Equipment
- Military Equipment
- First Aid Kit

Piece Count	Length x Width x Height			In Kilograms	What are the Commodities	Item Code/s	For Customs	Can Goods/ Items Be Stacked
	Dimensions (cm)							
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Final Destination Address After the Show:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Air
- Ocean LCL
- Ocean FCL
- Truck
- No Return

