

**INSTRUCTIONS:** MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHADED AREAS. RETURN COMPLETED AGREEMENT TO SERVICE CENTER WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

Received (Date/Time)	NUMBER OF SEPARATE SHIPMENTS IN BOOTH: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 OR MORE
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**FROM:**

Exhibiting Company Name \_\_\_\_\_ Booth No. \_\_\_\_\_  
 Shipping Location (Exhibit Facility) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Name of Event \_\_\_\_\_ Date Prepared \_\_\_\_\_

**TO:**

Consigned to (Ship to) \_\_\_\_\_ **MARK THIS BLOCK** \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Destination (Street Address) \_\_\_\_\_ **WRITE "TRANSIT AIR CARGO" HERE** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

METHOD:  Air Freight (Specify level of service)  Next Day  2nd Day  Deferred Must arrive by: \_\_\_\_\_  
 Motor Freight  Van Line  Other \_\_\_\_\_

CARRIER: (If known) **TRANSIT AIR CARGO** \_\_\_\_\_

**BILL FREIGHT CHARGES TO:** (Champion Exposition Services will not be responsible for any shipping or associated charges.)

Exhibitor \_\_\_\_\_ Attention \_\_\_\_\_  
 Permanent Address of Exhibitor: Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

CHECKER	NO. PIECES	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (Sub to Corr)
		Crates (Wooden) Exhibition Material KD	
		Cartons (Cardboard)	
		Fiber Cases/Trunks	
		Skids/Pallets	
		Carpets (Color _____ )	
		Padded Display	
		Machines	
		Miscellaneous (Need description)	
		TOTAL	

CHECKER'S SIGNATURE
TRAILER NO.
DATE LOADED
TIME LOADED

The agreed or declared value of the property is hereby specifically stated by Exhibitor to be not exceeding \_\_\_\_\_. This is to certify that the above named articles are properly described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable government regulations.

**STOP! YOU MUST READ THE BACK OF THIS FORM BEFORE GOING ANY FURTHER.**

**I HAVE READ THE TERMS AND CONDITIONS SET FORTH ON THE BACK OF THIS FORM AND I UNDERSTAND THE CONTENTS THEREOF. I HAVE THE AUTHORITY TO BIND THE ABOVE-REFERENCED EXHIBITING COMPANY, WHICH HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH ON BOTH SIDES OF THIS FORM.**

PRINT NAME: \_\_\_\_\_  
 SIGNATURE OF EXHIBITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

This form is to be signed by the Exhibitor and agent of carrier.  
 If Exhibitor's carrier does not check in at show site, shipment is authorized onto:  
 Common Carrier  Similar Carrier  Return to Warehouse  
 Authorized Signature \_\_\_\_\_  
 Additional charges will apply.

Received in apparent good order, except as noted:	
Carrier Name _____	Date _____
Agent/Driver (Signature) _____	
Agent/Driver (Print) _____	