



500 Interstate W Pkwy  
Lithia Springs, GA 30122  
Email: aphillips@mc-2.com  
Ph: 678-398-2650 Fax: 770-745-4267

## OUTBOUND MATERIAL HANDLING AND SHIPPING LABELS

If you would like us to prepare outbound material handling form and shipping labels for you please fill in information below. If you have more than one shipment location then fill out information for each. The MHA and labels will be delivered to your booth before the show closes. **PLEASE PRINT ALL INFORMATION**

|   |             |          |
|---|-------------|----------|
| Exhibiting Company Name:  | Telephone#: | Booth #: |
| Show Name:<br>Dept. of Air Force Information & Technology (DAFITC) 2025 |             |          |

### SHIPMENT #1

**FROM:** SHIPPER/EXHIBITOR NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SHIP TO:** COMPANY NAME \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DESIRED NUMBER OF LABELS** \_\_\_\_\_ **NAME OF CARRIER** \_\_\_\_\_

### SHIPMENT #2

**FROM:** SHIPPER/EXHIBITOR NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SHIP TO:** COMPANY NAME \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DESIRED NUMBER OF LABELS** \_\_\_\_\_ **NAME OF CARRIER** \_\_\_\_\_

|  |
|--|
| <b>FREIGHT PAYMENT INFORMATION</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT |
| BILL TO COMPANY  |
| STREET   |
| CITY/ST/ZIP  |

**ONCE YOU HAVE PACKED YOUR  
SHIPMENT(S) PLEASE RETURN  
MATERIAL HANDLING FORM TO OUR  
SERVICE DESK BEFORE YOU LEAVE  
THE HALL**