

INBOUND FREIGHT INFORMATION

CARRIER	SHIP BY	DATE
NUMBER OF PIECES	WEIGHT	PRO NUMBER
TARGET DATE	LOOSE DISPLAY	CRATED DISPLAY

SET UP INFORMATION FOR MC² INSTALLATION

<input type="checkbox"/> Set Up Drawings Attached	<input type="checkbox"/> Set Up Drawings with Exhibit - Case/Crate Number	
<input type="checkbox"/> Rental Carpet Color	<input type="checkbox"/> Padding	
Approximate Setup Time	Number of Workers Required	
<input type="checkbox"/> Forklift Ordered/Hours/Time	Special Equipment Required	

DID YOU ORDER

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Under Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Drawing: <input type="checkbox"/> Attached <input type="checkbox"/> Sent to the Official Electrical Contractor <input type="checkbox"/> With the Exhibit		
Booth Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No	Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	A/V Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

OUTBOUND FREIGHT INFORMATION

<u>Charges:</u> <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Bill To:		
Consigned To		
Address		
City	State	Zip
Second Consignee		
City	State	Zip
Method: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Air Freight <input type="checkbox"/> Vanline <input type="checkbox"/> Other		<input type="checkbox"/> MC² Storage
Carrier (If Known)	Contact	Phone

EMERGENCY CONTACT INFORMATION

Name	Title	Telephone
Other Means of Contact		Contact's Hotel
Arrival	Departure	Purchasing Authorization