



## 2009 Drayage Service/Freight Handling Order Form

<b>Name of Event</b> _____			<b>Date of Event</b> _____
<b>Company Name</b> _____			<b>Booth Number(s)</b> _____
<b>Street Address</b> _____			<b>Contact Person</b> _____
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____	<b>Phone #</b> _____

### Shipments To The Show

Origin of Shipment \_\_\_\_\_ Delivery Carrier \_\_\_\_\_

Shipping Date \_\_\_\_\_ Approximate Arrival Date \_\_\_\_\_

# of Shipments \_\_\_\_\_ Total # of Pieces \_\_\_\_\_ Total Weight of Shipment \_\_\_\_\_

Dimensions of Largest Piece: Height \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Forklift Required: Yes  No

### Outbound Shipments At Close Of The Show

Outbound To \_\_\_\_\_ Via: Truck  Air

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipper Preference \_\_\_\_\_ Number of Pieces \_\_\_\_\_

Description Or Special Instructions \_\_\_\_\_

Please have your on-site representative leave a bill of lading on top of the outgoing shipment cartons in their respective booths. Cartons should be sealed and clearly labeled in the exhibitor's booth. The DECC can not originate any UPS pick-ups. UPS must be called from company headquarters.

### Handling Rates

**Cartons up to 100 lbs.**

*Receiving Inbound Cartons with Delivery to the Exhibitor's Booth*

# of Cartons \_\_\_\_\_ X \$10.00/Carton \$ \_\_\_\_\_

*Outbound Cartons Removed from Exhibitor's Booth*

# of Cartons \_\_\_\_\_ X \$10.00/Carton \$ \_\_\_\_\_

**Cartons in excess of 100 lbs.**

*Receiving Inbound Cartons with Delivery to the Exhibitor's Booth*

# of Cartons \_\_\_\_\_ X \$10.00/100 lb. Increments \$ \_\_\_\_\_

*Outbound Cartons Removed from Exhibitor's Booth*

# of Cartons \_\_\_\_\_ X \$10.00/100 lb. Increments \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

### Payment Information

**Make checks payable to: Duluth Entertainment Convention Center**

Money Order # \_\_\_\_\_ Company Check # \_\_\_\_\_

**MasterCard, Visa, Discover and American Express Cards Accepted**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (Please Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Completed form with payment must be received 5 days prior to the first scheduled move-in day.**