



oneofakind

Show and Sale® **Chicago**

SHIPMENT INFORMATION FORM

REQUIRED

DEADLINE: NOVEMBER 6, 2009

SHIPMENTS WILL BE RECEIVED AND HANDLED IN ACCORDANCE WITH THE INFORMATION SET FORTH IN THE EXHIBITOR MANUAL. A METHOD OF PAYMENT FORM MUST ACCOMPANY THIS ORDER.

Booth Name: _____ Booth Number: _____

Contact Name: _____ Telephone: _____

SHIPMENTS TO THE MERCHANDISE MART DOCK

Shipper name: _____ From City/ State _____

How will you ship: Common Carrier Van Line Company Truck

Air Freight Personal Owned Vehicle (POV)

Delivery Date to Dock: _____ Number of Pieces: _____ Weight: _____

Total Shipment: _____ lbs. _____

Carrier (If known): _____ PRO Number (if known): _____

Comments/Special Handling Requirements: _____

Attach separate sheet for multiple shipments if necessary.

OUTBOUND SHIPMENTS

Shipper name: _____

How will you ship out: Common Carrier Van Line Company Truck

Air Freight Personal Owned Vehicle (POV)

Shipping Date: _____ Number of Pieces: _____ Weight: _____

Carrier (If known): _____ PRO Number (if known): _____

E-Mail or Fax this form to: **2009 One of a Kind Show and Sale®, Attn: Lauren Serantoni**

PHONE: (312) 527-7902, FAX: (312) 527-7998, E-MAIL: lserantoni@mmart.com

