



Shipment Notification Form

DEADLINE: FEBRUARY 4, 2011 ---REQUIRED---

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.

Gallery Name: _____ Gallery Number: If - _____

Contact Name: _____ Telephone: _____

ADVANCE SHIPMENTS TO THE WAREHOUSE

Shipper name: _____ From City/ State _____

How will you ship: UPS/FedEx Personally Owned Vehicle Delivery Date to Dock: _____

Number of Pieces: _____ Total Weight: _____

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

Comments/Special Handling Requirements: _____

Attach separate sheet for multiple shipments if necessary.

SHIPMENTS TO THE 7WEST NY DOCK

Shipper name: _____ From City/ State _____

How will you ship: UPS/FedEx Personally Owned Vehicle Delivery Date to Dock: _____ Number of Pieces: _____

Total Weight: _____

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

Comments/Special Handling Requirements: _____

PLEASE EMAIL OR FAX THIS FORM TO DOUG PFUNDSTEIN
E-mail: dpfundstein@mmart.com FAX: (312)527-7998 PHONE: (312)527-3082