



SHIPMENT INFORMATION FORM

DEADLINE: JANUARY 6, 2012

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

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

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

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

Mail or Fax this form to: **Chicago Collective January 2012, Attn: Walter Young, 222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, PH: (312) 527-7988, FAX: (312) 379-6030; EMAIL: wyoung@mmart.com www.exhibitorinfo.com**

