

## SHIPMENT NOTIFICATION FORM

**DEADLINE: AUGUST 19, 2011**

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  Personally Owned Vehicle  Company Truck  Air Freight

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.*

### OUTBOUND SHIPMENTS

Shipper name: \_\_\_\_\_

How will you ship out: Common Carrier  Personally Owned Vehicle  Company Truck  Air Freight

Shipping Date: \_\_\_\_\_ Number of Pieces: \_\_\_\_\_ Weight: \_\_\_\_\_

Carrier (If known): \_\_\_\_\_ PRO Number (if known): \_\_\_\_\_

Mail or Fax this form to: International Casual Furniture & Accessories Market, Attn: Maribel Rodriguez, 222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, (312) 527-7078, FAX: (312) 527-7998  
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