



# SHIPMENT INFORMATION FORM

## REQUIRED

**DEADLINE: JUNE 18, 2010**

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): \_\_\_\_\_

Mail or Fax this form to: **The Chicago Market: Living and Giving™, Attn: Sergio Camargo,  
222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, (312) 527-7748, FAX: (312) 527-7998**

