

## Shipment Notification Form

DEADLINE: FEBRUARY 5, 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.

Gallery Name: \_\_\_\_\_ Gallery Number: 11 - \_\_\_\_\_

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 MERCHANDISE MART 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: \_\_\_\_\_

E-Mail or Fax this form to: VOLTA NY 2010 Attn: Lauren Serantoni  
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