



SHIPPING INFORMATION FORM

DEADLINE: SEPTEMBER 3, 2010

SHIPMENTS WILL BE RECEIVED AND HANDLED IN ACCORDANCE WITH THE INFORMATION SET FORTH IN THE EXHIBITOR MANUAL.

Dealer Name: _____ Booth Number : **8-** _____

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 POV- Personal Owned Vehicle

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 POV- Personal Owned Vehicle

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

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

Mail or Fax this form to: **The Merchandise Mart International Antiques Fair, Attn: Maribel Rodriguez,
222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, P : 312.527.7078, F: 312.527-7998**

