

SHIPMENT NOTIFICATION FORM

DEADLINE: AUGUST 28, 2009

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: Lauren Serantoni, 222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, 312/527-3066, FAX: 312/527-7998
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