



# MATERIAL HANDLING AGREEMENT

Shipper's No. \_\_\_\_\_

**INSTRUCTIONS:** Complete all shaded areas. Return completed agreement to the service desk when materials are packed, labeled and ready for shipment.

For The Expo Group Use Only	
Today's Date:	
Time Received:	_____ am _____ pm

Circle Number of Different Destinations from Booth				
1	2	3	4 or More	

Booth Number:	
Name of Event:	

**FROM:**  
 Exhibiting Company Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**SHIP TO:**  
 Company Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Additional Information: **MUST WRITE THE WORD "AIRWAYS" HERE**

**SHIPPING METHOD:**  
 NAME OF CARRIER: **AIRWAYS FREIGHT** CARRIER PHONE NUMBER: **800.643.3525**

Common Carrier  
  Van Line  
  Private Vehicle  
  Air Freight (Circle level of service:  
 Next Day  
 2nd Day  
 Deferred)

Other      **SPECIAL INSTRUCTIONS:** \_\_\_\_\_

In the event your selected carrier fails to show on the final move out day, please select one of the following options:

1 \_\_\_\_\_ Re Route via The Expo Group's choice      Exh. Signature: \_\_\_\_\_

2 \_\_\_\_\_ Deliver back to The Expo Group warehouse at Exhibitor's expense

PLACE PRO NUMBER  
HERE

No. Pieces	Description of articles, kind of package, special marks and exceptions	Weight	Class	Exceptions
	Crates (Wooden) Exhibition Material KD			
	Cartons (Cardboard)			
	Fiber Cases/Trunks      Color: _____			
	Skids/Pallets			
	Carpets      Color: _____			
	Padded Display			
	Machines			
	Other: _____			
	<b>TOTAL PIECES</b>	<b>TOTAL WEIGHT</b>		

**FREIGHT CHARGES GUARANTEED BY:** (if address is the same as the SHIP TO address above, write "SAME" below)

Company Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_       Prepaid       Collect

**PLEASE READ CAREFULLY:** You are entering into a contract which defines the respective responsibilities & liabilities of the parties. See Terms & Conditions of the contract on the reverse side of this form. Shipper's signature designates above information is correct as stated.

Print Exhibitor Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**The Expo Group Use Only**

Checker Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Trailer No: \_\_\_\_\_ Time Loaded: \_\_\_\_\_  
 Carrier Name: \_\_\_\_\_  
 Driver's Name (print): \_\_\_\_\_  
 Driver's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Pieces Received: \_\_\_\_\_