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CONTACT NAME: PHONE #: E-MAIL ADDRESS: E-WANIL ADDRESS FOR YOU AND DELIVER THEM TO YOUR BOOTH PRIOR TO SHOW CLOSE. TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE COMPLETE AND RETURN THIS FORM TO THE FREEMAN SERVICE CENTER. SHIPPING INFORMATION SHIP TO: COMPANY NAME: DELIVERY ADDRESS: CITY: STATE/ ZIP/ PROVINCE: POSTAL CODE: PHONE#: ATTN: SPECIAL INSTRUCTIONS: BILL TO: Same as Ship to: COMPANY NAME: DELIVERY ADDRESS: CITY: STATE/ ZIP/ PROVINCE: POSTAL CODE: METHOD OF SHIPMENT Select a Carrier: Freeman Exhibit Transportation Other Carrier No need to schedule your outbound shipment. Charges will appear on your Freeman invoice. Freeman will make arrangements for all Freeman Exhibit Transportation shipments. Arrangements for pick-up by other carriers is the responsibility of the exhibitor.	NAME OF SHOW:	#TECHSUPERSHOW / T		<u> </u>	023
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Select a Level of Service:	Select a Leve		ior carriere le are		A. H. B. K. C. L.
☐ 1 Day: Delivery next business day ☐ Standard Ground	☐ 1 Day	: Delivery next business day		☐ Standard Gro	und
☐ 2 Day: Delivery by 5:00 PM second business day ☐ Specialized: Pad wrapped, uncrated, or truckload	☐ 2 Day: Delivery by 5:00 PM second business day☐ Deferred: Delivery within 3-5 business days			_	
Select Shipment Options (if applicable)		-	,		
☐ Have loading dock ☐ Lift gate required				☐ Lift gate required	
☐ Inside delivery ☐ Air ride required	☐ Inside delivery		•		
☐ Pad wrap required ☐ Residential				□ Residential	
☐ Do not stack Select Desired Number of Labels:					

Once your shipment is packed and ready to be picked up from your booth, please return completed the Material Handling Agreement to the Freeman Service Center. If no outbound information is submitted, Freeman reserves the right to return the freight back to the company address on file at the exhibitor's expense.