



COLUMBUS GEORGIA
CONVENTION & TRADE CENTER

801 Front Avenue, Columbus, GA 31901
Toll Free: (800) 239-2657
Phone: (706) 327-4522 Fax: (706) 327-0162

MATERIAL HANDLING SERVICES FORM

Name of Event	_____	Event Date	_____
Company Name	_____	Booth #(s)	_____
Street Address	_____	Contact Person	_____
City	_____ State _____ Zip _____	Phone #	_____

Shipments to the Show

Origin of Shipment	_____	Delivery Carrier	_____
Shipping Date	_____	Approx Arrival Date	_____
Total # of Pieces	_____	Total Weight	_____

Shipments of common freight and crated exhibits will be received from common carrier(s) and will be unloaded, placed in storage, removed from storage and delivered to your booth(s). All shipments must arrive prepaid.

Outbound Shipments at Close of the Show

Outbound To	_____	Via: Truck	<input type="checkbox"/>	Air	<input type="checkbox"/>
Street Address	_____				
City	_____	State	_____	Zip Code	_____
Shipper	_____	# of Pieces	_____		
Description or Special Instructions _____					

Representative at show must label containers and furnish all shipping documents. It is your company's responsibility to call carrier and arrange for pickup. Remove all expired shipping labels before outbound shipment. Please have your on-site representative leave a bill of lading on top of the outgoing shipment cartons. Cartons must be sealed and clearly labeled.

Rates \$30.00 Flat Rate for Receiving /Outbound Shipments

Limits of Liability & Responsibility

We will not be responsible for uncrated, improperly packed materials or concealed damage. We will not be responsible for damages or loss of materials after delivery to booth or at conclusion of show prior to delivery to outbound carrier. Therefore, exhibitor should contact their insurance carrier if necessary; to provide insurance coverage for materials from the time they leave your firm until they are returned after the show.

I have received all packages that were shipped to the Trade Center _____

Payment Information

Make checks payable to: Columbus GA Convention & Trade Center
Visa, Mastercard, Discover and American Express Cards Accepted

Credit Card	_____	Expiration Date	_____
Billing Zip Code:	_____	CVV Code:	_____

Authorized Signature _____