FREEMAN

9900 Business Parkway Lanham, MD 20706 (301) 918-7975 Fax: (469) 621-5609 FreemanWashingtonES@freeman.com

NAME OF SHOW: NATE FACILITIES MANAGE COMPANY NAME:		OOTH #:	BOOTH SIZE:	X
CONTACT NAME :	PH	HONE #:		
E-MAIL ADDRESS :				
For Assistance, please call (301) 918-7975 to spea	ak with one of ou	r experts.		
For fast, easy of	ordering, go to w	ww.freeman.co	om/store	
1 01 1431, 5437 6	racing, go to 1	/WW.ii coman.oc	<u> </u>	
EVERY OUTBOUND SHIPMENT WILL REQUIRE A HAPPY TO PREPARE THESE FOR YOU AND				
ADVANTAGE OF THIS SERVICE, PLEASE COMPL				
	IPPING INFO	RMATION		
SHIP TO: COMPANY NAME:				
DELIVERY ADDRESS:				
CITY:	STATE/		ZIP/	
PHONE#:			TN:	
SPECIAL INSTRUCTIONS:				
BILL TO: ☐ Same as Ship to:				
COMPANY NAME:				
DELIVERY ADDRESS:				
CITY:	STATE/		ZIP/ POSTAL CODE: —	
			POSTAL CODE:	
Select a Carrier:	THOD OF S	BHIPWENT		
☐ Freeman Exhibit Transportation	☐ Other	Carrier		
No need to schedule your outbound shipmen	_		rrier Name:	
Charges will appear on your Freeman invoice	voice.		rier Phone:	
Freeman will make arrangeme				
Arrangements for pick-up by other Select a Level of Service:	er carriers is the	responsibility of	the exhibitor.	
☐ 1 Day: Delivery next business day		☐ Standard	Ground	
☐ 2 Day: Delivery by 5:00 PM second	business day	_	ed: Pad wrapped, uncra	ted, or truckload
☐ Deferred: Delivery within 3-5 busine	ess days			
Select Shipment Options (if applicable)				
☐ Have loading dock		☐ Lift gate		
☐ Inside delivery		☐ Air ride re☐ Resident	•	
☐ Pad wrap required☐ Do not stack		□ Kesideiii	ıaı	
Select Desired Number of Labels:				
Once your shipment is packed and ready to be	nicked up from	vour booth al	ease return completed the	e Material Handli
Agreement to the Freeman Service Center. Shipi				

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