

# Material Handling Order Form



**Name of Show:** Carter Vendor Show 2010  
**Date of Show:** March 11-12, 2010

\*\*\*Carter Vendor Show 2009\*\*\*  
 Miller's Convention Services  
 869 West Waterloo Road  
 Akron, OH 44314

**Check One:**

- We plan to ship our crated/boxed material to the Advance Shipment location. Materials must arrive between: 02/15/2009 and 03/05/2009
- We plan to ship our materials direct to the exhibit site. Materials can arrive **03/10/09** from **9:00AM** and **3:00PM**. **Any other time materials will be refused.**
- We plan to return freight and ship out bound from Miller's \_\_\_\_\_ (Preferred Carrier)  
**(Please attach copies of your bills of lading, if available.)**

Our targeted ship date is: _____	# of Pieces	Weight
Material targeted arrival date is: _____	_____ Crate(s)	_____
Carrier: _____	_____ Carton(s)	_____
Pro # (If Available): _____	_____ Case (s)	_____
Origin of Shipment (City): _____	_____ Box(es)	_____
(State): _____	Total Weight	_____

**Calculation of Order:** When recording weight, please round up to the next 100lbs.  
 (i.e.: 270 lbs. = 300 lbs., 3 X Rate = Dollars or minimum, whichever is greater.)

Advance Crated Shipment to the Advanced Shipment Location		
We will ship _____ lbs. @ \$50.00 per 100lbs.	\$50.00 Minimum	\$ _____
Directed Crated Shipments to the Exhibit Site ( <b>Must arrive 03/10/09</b> )		
We will ship _____ lbs. @ \$65.00 per 100lbs.	\$65.00 Minimum	\$ _____
Shipments Requiring Special Handling at the Exhibit Site		
We will ship _____ lbs. @ \$50.00 per 100lbs.	\$100.00 Minimum	\$ _____
Outbound Shipping from the Exhibit Site		
We will ship _____ lbs. @ \$25.00 per 100lbs.	\$50.00 Minimum	\$ _____
	Total All Lines	\$ _____
	Payment Enclosed	\$ _____

Note: We realize that your calculation is only an estimate. Invoicing will be done from the actual weight as listed on the inbound bills of lading. Adjustments will be made accordingly. If you have any questions about material handling, please contact our Convention and Expo Services Department by calling (330) 753-9104.

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Purchase Order # \_\_\_\_\_ Booth # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_