LogiTrans BTX AIR EXPRESS

TRADE SHOW FORM

* Load Site: _____

* Load Address: _____

* City, State, Zip: _____

* Contact & Phone #: _____

* Show Name: _____ Booth Number: _____

* Destination Site: _____

* Dest. Address: _____

* City, State, Zip: _____

* Contact & Phone #: _____

* Show Name: _____ Booth Number: _____

Required Load Date: ____/____/_____ Time: _____

Target Deliver Date: ____/____/_____ Time: _____

Exhibitor Move-In Dates: _____ Times: _____

Exhibitor Hours Dates: _____ Times: _____

Exhibitor Move-Out Dates: _____ Times: _____

Is Show on Tour: ___Y__/__N_____ Single Show Return to Origin: __Y__/__N_____

Show Decorator: _____ Phone Number: _____

Lift Gate Needed: _____ Dock: _____ Inside Del. Req.: __Y__/__N__

I&D Setup Company: _____

I&D Contact: _____ Phone #: _____

Reference or PO #: _____ Authorized By: _____

Number of Pieces: _____ Weight: _____

_____Pcs_____x_____x_____   _____Pcs_____x_____x_____
_____Pcs_____x_____x_____   _____Pcs_____x_____x_____
_____Pcs_____x_____x_____   _____Pcs_____x_____x_____
_____Pcs_____x_____x_____   _____Pcs_____x_____x_____
_____Pcs_____x_____x_____   _____Pcs_____x_____x_____

* Special Instructions: _____
_____
_____
_____

* Indicates a Required Field