

SHIPPING INSTRUCTIONS

The Original Miami Beach Antique Show

January 4 - 8, 2020 Miami Beach Convention Center

SHIPPING INST	RUCTIONS AT CLOSE OF C	CONVENTION / TRADESHOW		
Consign to (Ship	ρ To):			
Street Address:				
City:		State	e: Zip:	
Type of Carrier:	Motor Freight	Air	Van Line	
Name of Carrier	:			
If pre-paid bill to) :			
City, State and	Zip:			
SHIPPING INS	TRUCTIONS PRIOR TO S	SHOW - ALL SHIPMENTS MUS	ST ARRIVE PRE-PAID	
1. Shipments must I shipments and they		n Contractors, Inc. The hotel and/or co	onvention site do not have the facilities to receive such	
warehouse and held			its left without return instructions will be returned to our n, count or content until such time exhibits or materials are	
3. All materials should	ld be properly insured against fire,	theft and all hazards while in transit to and	d from your booth and for the exhibition's duration.	
must be tendered wi		service desk at show site. In the event to	he right to reroute as necessary. All outbound shipments the designated carrier fails to pick up by a specified time.	
5. All shipments requ	uiring special handling for reasons	including, but not limited to, length, width	or height, are handled on a time and material basis.	
	crate, box or carton is accessed for		eight docks, doors, elevators, and crate storage areas. Avention Contractors, Inc., when Expo is required to handle	
7. Remove all expired	d shipping labels before shipping t	o avoid confusion.		
	s are not accepted unless written v Expo Convention Contractors, Inc		here is a 25% surcharge (\$15.00 minimum) based on the	
EXPO CONV	O CONVENTION CONTRACTORS, INC. WILL REROUTE ALL OUTBOUND SHIPMENTS UNLESS SPECIAL ARRANGEMENTS ARE MADE.			
INSURANCE				
•	•	or the count or content of material after it h	·	
Exhibitor agrees to unskidded exhibit ma		Contractors, Inc. from responsibility for	concealed and/or apparent damage to uncrated and or	
Please make certain exhibition's duration		d against "ALL RISK" while in transit to	and from point of origin, to and from booth and for the	
		RITY TO HANDLE & BILLING INST OF ALL ITEMS AND CONDITIONS		
Company Name: _				
Address:				
Attention:		Phone:	Fax:	
City:		State:	Zip:	
			Title:	
Signature:		Convention /Tradeshow:		

To insure orderly processing of material handling requirements, it is absolutely essential that this form be READ, COMPLETED AND SIGNED by an organization officer and RETURNED PROMPTLY TO: