

FREEMAN

1601 Boice Pond Rd
Orlando, FL 32837
(407) 816-7900 Fax: (469) 621-5605
FreemanOrlandoES@freeman.com

OUTBOUND SHIPMENTS

ALL DRIVERS MUST PROVIDE THE FOLLOWING INFORMATION TO PICK UP FREIGHT FROM A SHOW:

1. BOOTH NUMBER
2. EXHIBITOR'S NAME
3. DESTINATION OF THE FREIGHT (CITY AND STATE)
4. CARRIER'S NAME (OR BROKER'S NAME)
5. AREA WHERE VEHICLE IS PARKED

THERE MAY BE A WAITING PERIOD BEFORE THE
FREIGHT IS READY TO BE PICKED UP
PLEASE WAIT IN THE MARSHALLING YARD UNTIL YOU
ARE DISPATCHED FROM THE FREIGHT CLERK

IF YOU DO NOT HAVE ANY OF THE REQUESTED
INFORMATION PLEASE CONTACT YOUR DISPATCH
FOR ASSISTANCE

OUTBOUND driver check-in requirements

FREEMAN

1601 Boice Pond Rd
Orlando, FL 32837
(407) 816-7900 Fax: (469) 621-5605



IAAPA

OUTBOUND MATERIAL HANDLING AND SHIPPING LABELS

NAME OF SHOW: **IAAPA Expo 2019 / November 19 - 22, 2019**

COMPANY NAME: _____ BOOTH #: _____ BOOTH SIZE: _____ X

CONTACT NAME : _____ PHONE #: _____

E-MAIL ADDRESS : _____

For Assistance, please call (407) 816-7900 to speak with one of our experts.

For fast, easy ordering, go to www.freeman.com

EVERY OUTBOUND SHIPMENT WILL REQUIRE A MATERIAL HANDLING AGREEMENT AND SHIPPING LABELS. WE WOULD BE HAPPY TO PREPARE THESE FOR YOU AND DELIVER THEM TO YOUR BOOTH PRIOR TO SHOW CLOSE. TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE COMPLETE AND RETURN THIS FORM TO THE FREEMAN SERVICE CENTER.

SHIPPING INFORMATION

SHIP TO: COMPANY NAME: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE/ PROVINCE: _____ ZIP/ POSTAL CODE: _____

PHONE#: _____ ATTN: _____

SPECIAL INSTRUCTIONS: _____

BILL TO: Same as Ship to:

COMPANY NAME: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE/ PROVINCE: _____ ZIP/ POSTAL CODE: _____

METHOD OF SHIPMENT

Select a Carrier:

Freeman Exhibit Transportation Other Carrier

No need to schedule your outbound shipment. Carrier Name: _____
Charges will appear on your Freeman invoice. Carrier Phone: _____

Freeman will make arrangements for all Freeman Exhibit Transportation shipments.
Arrangements for pick-up by other carriers is the responsibility of the exhibitor.

Select a Level of Service:

1 Day: Delivery next business day Standard Ground
 2 Day: Delivery by 5:00 PM second business day Specialized: Pad wrapped, uncrated, or truckload
 Deferred: Delivery within 3-5 business days

Select Shipment Options (if applicable)

Have loading dock Lift gate required
 Inside delivery Air ride required
 Pad wrap required Residential
 Do not stack

Select Desired Number of Labels: _____

Once your shipment is packed and ready to be picked up from your booth, please return completed the Material Handling Agreement to the Freeman Service Center. Shipments without a Material Handling Agreement turned in will be returned to our warehouse at exhibitor's expense.