



Design Gallery Inbound
Exhibit Transportation
Form
Due **Sept. 2, 2011**

HEALTHCARE FACILITIES SYMPOSIUM & EXPO - DESIGN GALLERY
September 20 - 21, 2011 - Navy Pier - Festival Hall B

COMPANY NAME: _____ DESIGN GALLERY #: _____
 CONTACT NAME: _____ PHONE #: _____
 EMAIL ADDRESS: _____ Cell #: _____

Design Gallery Inbound Exhibit Transportation

Please complete the following items on this form to help us prepare to receive your design gallery for HFSE.

I am using Freeman to create and ship my Design Gallery Boards.
(if you checked yes, you do not need to fill out the remainder of the form)

INBOUND SHIPPING INFORMATION:

SHIPPER NAME: _____
 SHIPPER ADDRESS: _____

 (CITY) (STATE) (ZIP)
 CARRIER: _____
 TRACKING #: _____

DESTINATION:

I will be shipping to the WAREHOUSE
 FRTR: HEALTHCARE FACILITIES SYMPOSIUM
 Design Gallery Company Name/DG #
 c/o FREEMAN
 2500 West 35th Street
 Chicago, IL 60632

MUST BE DELIVERED BY September 9, 2011

I will be shipping to the SHOW SITE
 FRTR: HEALTHCARE FACILITIES SYMPOSIUM
 Design Gallery Company Name/DG #
 c/o FREEMAN
 Navy Pier - Hall B
 600 E. Grand Avenue
 Chicago, IL 60611

MUST ARRIVE ON September 19, 2011 OR September 20, 2011 PRIOR TO 12:00 PM

I will be HAND CARRYING into the Exhibit Hall
 Please provide **Name and **Mobile #** of the person who will be hand carrying the items into the Exhibit Hall.

PACKAGING INFORMATION:

Items to be shipped

Number of Pieces	Est. Weight
_____ Cartons (cardboard)	_____
_____ Cases/Trunks (fiber) (color _____)	_____
_____ Other (_____)	_____
_____ TOTAL	_____

Size of largest piece: (H) _____ (W) _____ (L) _____

DUE: Sept. 2, 2011
 FAX THIS FORM TO:
 203-371-8894 ATT: Melissa
 ANY QUESTIONS?
 PLEASE CALL: 203-371-6322