



# EXHIBITOR FORM

Please Complete and Fax To: 519-661-5990  
 For Information Contact: Tel: 519-661-6200 Toll Free: 1-800-203-1992  
 Email: csr@londoncc.com

Function: _____	Date: _____	Booth No: _____
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<b>Company Name:</b> _____ <b>Street Address:</b> _____ <b>Postal/Zip Code:</b> _____ <b>Telephone:</b> _____	<b>Contact Name:</b> _____ <b>City, Province:</b> _____ <b>Email:</b> _____ <b>Fax:</b> _____
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**POST SHOW SHIPPING & PACKING ORDER FORM – P107      ES/CS**

- Client/Exhibitor to prepare package(s) for shipment, complete waybills and call for pickup. Affix this form to package(s) & bring to dock. **Complete Section A**
- London Convention Centre to prepare, label and ship the package(s) As per charges below. **Complete Sections A & B**

All USA Shipments must have a completed Commercial Invoice attached and require a broker for clearance. Please note that most couriers (as indicated) will act as a broker.

**A. LOGISTICS INFORMATION:**  
 To ensure that your packages are shipped to you in a timely manner, please complete the following information and bring your packages to the Convention Centre **Loading Dock** for shipment. If the package(s) is properly taped, labelled, waybill completed and courier contacted, no additional charges will apply.

**Logistic Services: (Please choose one and include account No.)**

<input type="checkbox"/> Purolator (broker) - Account No.: _____	<input type="checkbox"/> UPS (broker) - Account No.: _____
<input type="checkbox"/> Fed Ex (broker) - Account No.: _____	<input type="checkbox"/> Other (please specify co.): _____
<input type="checkbox"/> Transport Company: _____ Account No.: _____	

**B. LCC HANDLING CHARGES:**  
 The following charges apply for all shipments that are processed by the London Convention Centre. Please note that charges below do not include the actual logistic charges.

<b>Shipping Within Canada</b> Processing Charge	\$15.00	\$
Taping, label, etc.	\$5.00 per unit x _____ =	\$ _____
<b>Shipping to the USA</b> Processing Charge	\$25.00	\$
Taping, label, etc.	\$5.00 per unit x _____ =	\$ _____
<b>Skids</b> – supply skid	\$15.00 per unit x _____ =	\$ _____
Shrink wrap skid	\$20.00 per unit x _____ =	\$ _____
<b>Subtotal of Shipping Charges</b>		\$ _____
13 % HST (#R136385242)		\$ _____
<b>TOTAL AMOUNT PAYABLE</b>		<b>\$ _____</b>

<b>METHOD OF PAYMENT:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		Expiry Date: _____
Credit Card Number: _____		Name on Card: _____
Signature: _____		(Please Print Clearly)
Date: _____		



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### SHIPPING ADDRESS INFORMATION

Please complete the information below only if the shipping address is different than the address noted on the front of this form.

<b>Company Name:</b>	<b>Contact Name:</b>
<b>Street Address:</b>	<b>City, Province:</b>
<b>Postal/Zip Code:</b>	<b>Email:</b>
<b>Telephone:</b>	<b>Fax:</b>