

Material Handling Order Form



Name of Show: Cleveland Renaissance / Name of Show: _____
Date of Show: Show Dates: _____

Renaissance _____
 Miller's Convention & Expo Services
 869 West Waterloo Road
 Akron, OH 44314

Check One:

- We plan to ship our crated/boxed material to the Advance Shipment location. Materials must arrive between: ____/____/____ and ____/____/____.
- We plan to return freight and ship out bound from Miller's _____ (Preferred Carrier)
(Please attach copies of your bills of lading, if available.)

| | | |
|------------------------------------------|-----------------|--------|
| Our targeted ship date is: _____ | # of Pieces | Weight |
| Material targeted arrival date is: _____ | _____ Crate(s) | _____ |
| Carrier: _____ | _____ Carton(s) | _____ |
| Pro # (If Available): _____ | _____ Case (s) | _____ |
| Origin of Shipment (City): _____ | _____ Box(es) | _____ |
| (State): _____ | Total Weight | _____ |

Calculation of Order: When recording weight, please round up to the next 100lbs.
 (i.e.: 270 lbs. = 300 lbs., 3 X Rate = Dollars or minimum, whichever is greater.)

| | | | |
|-----------------------------------------------------------|-----------------|------------------|----------|
| Advance Crated Shipment to the Advanced Shipment Location | | | |
| We will ship _____ lbs. @ \$50.00 per 100lbs. | \$50.00 Minimum | \$ | _____ |
| Shipments Requiring Special Handling at the Exhibit Site | | | |
| We will ship _____ lbs. @ \$75.00 per 100lbs. | \$75.00 Minimum | \$ | |
| Outbound Shipping from the Exhibit Site | | | |
| We will ship _____ lbs. @ \$25.00 per 100lbs. | \$50.00 Minimum | \$ | _____ |
| | | Total All Lines | \$ _____ |
| | | Payment Enclosed | \$ _____ |

Note: We realize that your calculation is only an estimate. Invoicing will be done from the actual weight as listed on the inbound bills of lading. Adjustments will be made accordingly. If you have any questions about material handling, please contact our Convention and Expo Services Department by calling (330) 753-9104.

Company: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Authorized Signature: _____ E-Mail: _____
 Phone: _____ Fax: _____
 Purchase Order # _____ Booth # _____ Date: ____/____/____