

FREEMAN

1000 Elmwood Park Blvd
New Orleans, LA 70123
(504) 731-6137 Fax: (469) 621-5612

OUTBOUND MATERIAL HANDLING AND SHIPPING LABELS

NAME OF SHOW: 2018 AORN GLOBAL SURGICAL CONFERENCE & EXPO / MARCH 25-27, 2018
COMPANY NAME: _____ BOOTH #: _____ BOOTH SIZE: _____ X
CONTACT NAME: _____ PHONE #: _____
E-MAIL ADDRESS: _____

For Assistance, please call (504) 731-6137 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.
Charges will appear on your Freeman invoice.

Carrier Name: _____

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.

07/17 (447294)

FREEMAN outbound shipping

F R E E M A N

R U S H

DO NOT DELAY

RECEIVING DATE BEGINS: FEBRUARY 22, 2018

DEADLINE DATE IS: MARCH 15, 2018

TO: _____

EXHIBITOR NAME

**C/O: FREEMAN
905 SAMS AVE**

NEW ORLEANS, LA 70123

WAREHOUSE

**EVENT: _____
2018 AORN GLOBAL SURGICAL
CONFERENCE & EXPO**

BOOTH NO: _____ NO. _____ OF _____ PCS

F R E E M A N

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TO: _____

EXHIBITOR NAME

**C/O: FREEMAN
905 SAMS AVE**

NEW ORLEANS, LA 70123

WAREHOUSE

**EVENT: _____
2018 AORN GLOBAL SURGICAL
CONFERENCE & EXPO**

BOOTH NO: _____ NO. _____ OF _____ PCS

THE ABOVE LABELS ARE PROVIDED FOR YOUR CONVENIENCE.
PLACE ONE ON EACH PIECE SHIPPED TO ENSURE PROPER DELIVERY.
IF MORE LABELS ARE NEEDED, COPIES ARE ACCEPTABLE.

F R E E M A N

F R E E M A N

R U S H

R U S H

DO NOT DELAY

DO NOT DELAY

CANNOT DELIVER BEFORE MARCH 22, 2018

CANNOT DELIVER BEFORE MARCH 22, 2018

TO: _____

EXHIBITOR NAME

C/O: FREEMAN

**MORIAL CONVENTION CENTER
900 CONVENTION CENTER BLVD**

NEW ORLEANS, LA 70130

SHOW SITE

**2018 AORN GLOBAL SURGICAL
CONFERENCE & EXPO**

EVENT: _____

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TO: _____

EXHIBITOR NAME

C/O: FREEMAN

**MORIAL CONVENTION CENTER
900 CONVENTION CENTER BLVD**

NEW ORLEANS, LA 70130

SHOW SITE

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MUST DELIVER BY MARCH 15, 2018

TO: _____
EXHIBITOR NAME

C/O **FREEMAN**
905 SAMS AVE
NEW ORLEANS, LA 70123

HANGING SIGN

EVENT: 2018 AORN GLOBAL SURGICAL
CONFERENCE & EXPO

BOOTH # _____ NO. ___ OF ___ PIECES

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NEW ORLEANS, LA 70123

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