

FREEMAN

1701 Lebanon Pike Circle
Nashville, TN 37210
(615) 884-5785 Fax: (469) 621-5615

OUTBOUND MATERIAL HANDLING AND SHIPPING LABELS

NAME OF SHOW: **2019 AORN GLOBAL SURGICAL CONFERENCE & EXPO / APRIL 07 - 09, 2019**

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

CONTACT NAME : _____ PHONE #: _____

E-MAIL ADDRESS : _____

For Assistance, please call (615) 884-5785 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:

- | | |
|---|---|
| <input type="checkbox"/> 1 Day: Delivery next business day | <input type="checkbox"/> Standard Ground |
| <input type="checkbox"/> 2 Day: Delivery by 5:00 PM second business day | <input type="checkbox"/> Specialized: Pad wrapped, uncrated, or truckload |
| <input type="checkbox"/> Deferred: Delivery within 3-5 business days | |

Select Shipment Options (if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Have loading dock | <input type="checkbox"/> Lift gate required |
| <input type="checkbox"/> Inside delivery | <input type="checkbox"/> Air ride required |
| <input type="checkbox"/> Pad wrap required | <input type="checkbox"/> Residential |
| <input type="checkbox"/> 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.

F R E E M A N

R U S H

DO NOT DELAY

RECEIVING DATE BEGINS: MARCH 04, 2019

DEADLINE DATE IS: MARCH 27, 2019

TO: _____

EXHIBITOR NAME

C/O: FREEMAN

1701 LEBANON PIKE CIRCLE

NASHVILLE, TN 37210

WAREHOUSE

2019 AORN GLOBAL SURGICAL

EVENT: CONFERENCE & EXPO

BOOTH NO: _____ NO. _____ OF _____ PCS

F R E E M A N

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DEADLINE DATE IS: MARCH 27, 2019

TO: _____

EXHIBITOR NAME

C/O: FREEMAN

1701 LEBANON PIKE CIRCLE

NASHVILLE, TN 37210

WAREHOUSE

2019 AORN GLOBAL SURGICAL

EVENT: 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

R U S H

DO NOT DELAY

CANNOT DELIVER BEFORE APRIL 04, 2019

TO:

EXHIBITOR NAME

C/O: FREEMAN

MUSIC CITY CENTER

700 KOREAN VETERANS BLVD

NASHVILLE, TN 37203

SHOW SITE

***2019 AORN GLOBAL SURGICAL
CONFERENCE & EXPO***

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