



Shepard Exposition Services

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OUTBOUND BILL OF LADING/SHIPPING LABEL REQUEST

2016 Government Fleet Expo & Conference

June 21 - 22, 2016

Music City Center, Nashville, TN

Event Code: G148480616

PRE-PRINTED OUTBOUND BILL OF LADING AND SHIPPING LABELS

All outbound shipments require a Bill of Lading and shipping labels. Shepard offers complimentary pre-printing of these items. To take advantage of this service, please complete this request and submit to Shepard.

Your pre-printed BOL and labels will be delivered to your booth prior to the close of the show.

***Note: All third parties must pick up BOL/labels at the Shepard Service Desk.**

SHIP TO ADDRESS:

COMPANY NAME _____

DELIVERY ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ BOOTH _____

Number of Pieces: _____ **Number of Labels Requested:** _____

☐ Crate ☐ Skid ☐ Cases ☐ Carton Total Weight

CARRIER SELECTION

☐ OFFICIAL SHOW CARRIER: Elite Expo ☐ OTHER: _____

**If selecting a carrier other than Shepard Logistics, you must schedule the pickup.

** If using FedEx or UPS you must have *and apply* their shipping labels

Type of Service:

In the event your designated carrier fails to pickup:

☐ Ground ☐ Overnight ☐ 2nd Day

☐ Reroute via show carrier
☐ Return to Warehouse

Shipping Options:

Inside Delivery _____ Residential _____ Lift Gate _____ No Loading Docks _____

OUTBOUND SHIPMENT REQUIREMENTS:

1. Shepard will print and deliver your BOL with Shipping Labels to your booth prior to the close of the show.
2. Exhibitors must properly package and label all materials.
3. Completed BOL must be turned in to the Shepard Service Desk including piece count and estimated weight.
4. Please see the SES service desk if you do not receive a BOL

****Please note: If utilizing FedEx/UPS as your carrier you must supply your own outbound labels**

TRANSPORTATION CHARGES BILLING ADDRESS: ☐ SAME AS SHIP TO ADDRESS

Company Name _____

Address _____

City _____ State _____ Zip _____

Please complete the following:

Company Name: _____ **Booth #:** _____

Contact Name: _____ **Phone #:** _____

Authorized Signature: _____

Signature also indicates you read and accept the Payment Policy and Terms and Conditions.