

## To the exhibitors for the

### Congrès 2010 de l'Ordre des hygiénistes dentaires du Québec Quebec City Convention Center October 22 & 23- 2010

Madam, Sir,

You will find on this document

1. A sales order to complete and send back to us, as soon as possible, for the pick up and return of your goods.
2. A copy of the shipping label to complete and place on your shipping packages (one on each package).

Please take note that :

- § Fees are applicable for shipping and handling for deliveries done before allowed date.
- § Fees for local delivery from the warehouse to show site are also applicable if you ship your goods by your carrier to our warehouse.

Should you need more information, do not hesitate to contact Mme Ginette Blouin by email at [show@dolbec-intl.ca](mailto:show@dolbec-intl.ca)

Regards.



MOVE IN  I ship my material to the advance warehouse and Dolbec will arrange delivery to show site (QCC)   
 Dolbec will arrange pick up at origin and delivery to show site (QCC)

MOVE OUT  Dolbec will arrange return to warehouse and I will pick up my material within 48 hours   
 Dolbec will arrange return of my material from show site to destination.  Please complete section # 5

**Select the appropriate service you need for the move in and move out**

**1 – SHIPPER / PICK UP ADDRESS**

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Contact \_\_\_\_\_ Email \_\_\_\_\_  
 Business hours \_\_\_\_\_ to \_\_\_\_\_  
 Pick up date \_\_\_\_\_  
 Upper floor pick up? Yes  No   
 Do you have a loading dock? Yes  No   
 Pallet jack required? Yes  No   
 Do we need a tailgate for pick up? Yes  No

**2 – DETAILS OF SHIPMENT**  
 (Freight charges will be according to shipment weight and real size. / Applicable ratio 10lbs per cft.)

Nbr of units	Description (pallet – box, etc.)	Dimensions in inches			Estimated weight
_____	_____	L _____	W _____	H _____	_____
_____	_____	L _____	W _____	H _____	_____
_____	_____	L _____	W _____	H _____	_____
_____	_____	L _____	W _____	H _____	_____

Please mark if you attach an additional list  Total weight \_\_\_\_\_

Cargo insurance available on written request only  
 Dolbec Logistic International Inc. will not be responsible for goods lost, damaged or stolen prior, during or after the event. Exhibitors are advised to have all risk insurance coverage on all materials & merchandises.

**3 – PAYMENT OPTION**

TO ACTIVATE THE FILE, PLEASE NOTE THIS SECTION MUST ABSOLUTELY BE COMPLETED.

a)  Use my credit card for payment  
 AMEX  MASTERCARD  VISA

b)  Use my credit card for guaranty, 30 days payment  
 Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Credit card holder \_\_\_\_\_ Card holder signature \_\_\_\_\_

By signing here, I acknowledge having read and agreed to invoice / payment terms and conditions stated above. I authorise Dolbec to use this credit card for payment of services related to this order form.

This transport agreement is subject to the limitations of CIFFA standard trading conditions. <http://www.ciffa.com/downloads/2005/02/17/EnglishSTC.pdf>.  
 To consult our business conditions, please visit our web site at [www.dolbec-intl.ca](http://www.dolbec-intl.ca).

**4 – EXHIBITOR'S INFORMATION**

Booth number \_\_\_\_\_  
 Company on the site \_\_\_\_\_  
 Rep. at the event \_\_\_\_\_  
 Cellular \_\_\_\_\_

**5 – RETURN ADDRESS AFTER CONVENTION**

Same as the shipper's address? Yes  - *If not, specify*  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact \_\_\_\_\_ Email \_\_\_\_\_  
 Business hours \_\_\_\_\_ to \_\_\_\_\_  
 Do you have a loading dock? Yes  No   
 Do we need a tailgate to deliver? Yes  No

**6 - BILLING ADDRESS**

Same as the shipper's address? Yes  *If not, specify*  
 Company \_\_\_\_\_  
 Adresse \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Email \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND  
 SEND IT BACK TO US  
 by email at [SHOW@DOLBEC-INTL.CA](mailto:SHOW@DOLBEC-INTL.CA)  
 by fax at 418-688-3399

Print the required number of labels needed and place one on each of your shipping package(s).




EXHIBIT MATERIAL

FROM \_\_\_\_\_  
 Company's name \_\_\_\_\_  
 Address \_\_\_\_\_

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TO \_\_\_\_\_  
 Exhibitor's name \_\_\_\_\_  
 Booth # \_\_\_\_\_

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SHIPPING AND WAREHOUSING ADDRESS  
 DOLBEC INTL / MORNEAU  
 1895 AR DECARY  
 QUEBEC QC G1N 3Z8

WHSE RECEIVING HOURS  
 MONDAY – FRIDAY  
 8 :00 AM – 4 :00 PM

Shipment must arrive on or between  
 October 14 to20, 2010

Numbered \_\_\_\_\_ of \_\_\_\_\_ / boxes  
 (Exemple 1 of 3 boxes / 2 of 3 boxes / 3 of 3 boxes etc.)

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