

To the exhibitors for the

Salon Industriel de Québec
Centre de Foires de Québec,
October 5 - 6 and 7 , 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 us :

Mme Nathalie Huot, - 418-688-9115 / cell. : 418-573-3064

Mme Ginette Blouin – 418-688-9115

or by email at show@dolbec-intl.ca

Regards.

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

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.

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 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
TO	_____
	Exhibitor's name

	Booth #
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 September 26 th to October 4 th , 2010	
Numbered _____ of _____ / boxes (Exemple 1 of 3 boxes / 2 of 3 boxes / 3 of 3 boxes etc.)	
	