



HALE NORTHEASTERN INC.

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Shipping Information/Material Handling

International Colour Association Conference
Rochester Riverside Convention Center
June 24-29, 2001

ADVANCE SHIPPING WAREHOUSE ADDRESS
SHIPMENTS ARRIVING ON OR BEFORE: June 23 COMPANY NAME: _____ BOOTH NO: _____ For: International Colour Association Conference c/o Hale Northeastern Inc. 828 East Ferry Street Buffalo NY 14211

ALL SHIPMENTS SHOULD BE PREPAID - Collect shipments will not be accepted. Shipments arriving prior to move-in time must be consigned to the advance shipping warehouse and paid for in advance. The exhibit hall has no provision for accepting or handling freight prior to the scheduled move-in date. Loose or uncrated materials will be accepted at the published rates plus 30%.

MATERIAL HANDLING AND SERVICES: RATES APPLY to each 100 lbs. (CWT) or fraction thereof based on inbound weight, with a 200 lb. minimum charge per shipment. Be sure to request that your carrier delivers your total shipment at one time.

ADVANCE RATE: Shipments will be received up to 15 days in advance of show set up. Freight will be delivered to your booth, crates stored and returned to your booth. Shipments will then be loaded on the designated carrier.

PAYMENT: HALE NORTHEASTERN MUST HAVE PAYMENT BEFORE DELIVERING FREIGHT. PLEASE BE SURE TO FILL OUT THE CREDIT CARD INFORMATION BELOW TO AVOID UNNECESSARY DELAY IN FREIGHT DELIVERY.

	NUMBER OF PIECES	ESTIMATED TOTAL WEIGHT	CARRIER (S)	Rate / CWT	ESTIMATED COST (of Material Handling) (200 lb. Min. per shipment)
ADVANCE SHIPMENTS <i>Warehouse</i>				\$32.00	

OUTBOUND SHIPMENTS Prior arrangements for outbound shipments must be made at the Hale Northeastern Inc. service desk. It is the exhibitors' responsibility to label each piece of outbound freight and provide Hale with a complete bill of lading for each shipment.

Company Name: _____	Booth #: _____
Address: _____	Phone #: _____
Credit Card Authorization (To be used for Hale services only) We accept: American Express, Visa & Mastercard	
Account#: _____	Exp. Date: ____ / ____
Print name as it appears on card: _____	Signature _____

Mail or Fax to Hale Northeastern along with signed copy of Limits of Liability Form