

SHIPPING FORM



10 East 34th Street, New York, NY 10011
 Phone (646) 359-4112
 E-mail: info@gvence.com
 Web: www.gvence.com

Exhibitor Name: _____

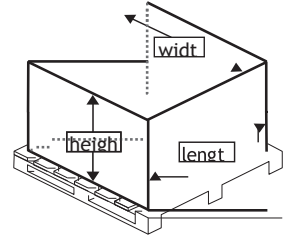
Name of Event and Year: _____

Booth Number: _____

Pick Up Address: _____

Movement Type:

- Air
- Ocean
- Ocean LCL
- Ocean FCL



Deliver To:

- Advance Warehouse
- DirecttoShowSite

* Is there any of the following in this shipment?

- Medical Equipment
- Cleaning Product(s)
- Food Item(s)
- Batteries
- Telecommunication Equipment
- Military Equipment
- First Aid Kit

Piece Count	Length x Width x Height			In Kilograms	What are the Commodities	Item Code/s	For Customs	Can Goods/ Items Be Stacked
	Dimensions (cm)			Estimated Weight	Description of Items	HTS Codes	Estimated Value	
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Final Destination Address After the Show:

- Air
- Ocean LCL
- Ocean FCL
- Truck
- No Return