



# OUTBOUND BILL OF LADING/SHIPPING LABEL REQUEST

Shepard Exposition Services

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Baltimore Convention Center - Baltimore, Maryland

Event Code: M103040316

## 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: SHEPARD LOGISTICS     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:

Ground     Overnight     2nd Day

### In the event your designated carrier fails to pickup:

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.