1147 S White River Pkwy E Drive
Indianapolis, IN 46225
Phone: 317.635.9606
Fax: 317.634.0993
email: indianapolis@fernexpo.com

2019 Indianapolis Home Show

January 18 - 27, 2019
Indiana State Fairgrounds, Indianapolis, IN
03-02922-19

This form is not subject to a deadline date

FERN TRANSPORTATION

Fern offers personalized service with a representative who is an expert in exhibit transportation and is familiar with all details pertaining to each tradeshow. We also provide pre-printed labels and shipping documents for inbound and outbound shipments. For your convenience, our representative will be on show site and available to assist with all your transportation needs.

Note: If Fern Transportation is not your freight carrier, please do not return this form.

SERVICE SELECTION (select the following)

Level of Service:	☐ **Ground**	☐ **2nd Day Air**	☐ **Next Day Air**	*Note: Air Freight will be billed on Actual or Dimensional Weight, whichever is greater.*
Special Handling:	☐ **Lift-Gate**	☐ **Residential Pick-up**	☐ **Inside Pick-up**	
Declared Value:		Insurance cost (min. $100): $4.25 per $100.00		

For a quote, please contact Fern Transportation at: Toll Free: 800.513.1209 / Local: 513.297.2374 / Fax: 513.297.2377

SHIPMENT BEING SENT TO (please check one): ☐ **Advance Warehouse** ☐ **Show Site**

PICK UP ADDRESS **PICK-UP DATE:** _____ **FACILITY HOURS:** _____

Company Name:

Contact Name:

Address:

City: State: Zip Code:

Email: Phone:

BILL TO ADDRESS

Company Name:

Contact Name:

Address:

City: State: Zip Code:

Email: Phone:

EXHIBITOR SHIPMENT AUTHORIZATION

Signature X
Printed Name
Emergency/Mobile Phone #

By signing Exhibitor Shipment Authorization below, you and/or company agree to payment terms & conditions (listed in the show Exhibitor Services Manual), limits of liability (listed above) and authorizes Fern to use any payment method on file (including credit cards). All shipping charges and weights are estimates until the shipment is delivered.

PACKAGE DESCRIPTION

Pkg #1 Description:	Est. Wt.:
Pkg #2 Description:	Est. Wt.:
Pkg #3 Description:	Est. Wt.:
Pkg #4 Description:	Est. Wt.:
Pkg #5 Description:	Est. Wt.:
	Total Estimated Weight:

SPECIAL INSTRUCTIONS

☐ Yes, I have completed and included the Payment Authorization Form.

If you have any questions or concerns about your invoice, please visit the Fern Exhibitor Service Center at your show/event prior to leaving. No credits or refunds will be issued after close of the show/event on items and/or services ordered and not received.

All orders are subject to the terms and conditions as outlined in the Exhibitor Service Manual.

Exhibiting Company Name: _____ **Booth #** _____

inbound exhibit transportation - fern transportation

111618-133722

EXHIBIT MATERIAL

RUSH

ADVANCE WAREHOUSE

To: _____

(Exhibiting Company Name)

c/o Fern

1147 S White River Pkwy E Drive
Indianapolis, IN 46225

2019 Indianapolis Home Show

Booth Number: _____

Must Arrive Between:
Jan 2-Jan 11, 2019

fern

EXHIBIT MATERIAL

RUSH

ADVANCE WAREHOUSE

To: _____

(Exhibiting Company Name)

c/o Fern

1147 S White River Pkwy E Drive
Indianapolis, IN 46225

2019 Indianapolis Home Show

Booth Number: _____

Must Arrive Between:
Jan 2-Jan 11, 2019

fern

EXHIBIT MATERIAL

RUSH

EVENT SITE

To: _____

(Exhibiting Company Name)

c/o Fern
Indiana State Fairground
1202 E 38th St
Indianapolis, IN 46205

2019 Indianapolis Home Show

Booth Number: _____

Cannot Arrive Before:
Monday, January 14, 2019

fern

EXHIBIT MATERIAL

RUSH

EVENT SITE

To: _____

(Exhibiting Company Name)

c/o Fern
Indiana State Fairground
1202 E 38th St
Indianapolis, IN 46205

2019 Indianapolis Home Show

Booth Number: _____

Cannot Arrive Before:
Monday, January 14, 2019

fern

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IMPORTANT INSTRUCTIONS

Every shipment must be labeled and requires a Fern Bill of Lading (BOL) for each destination.

1. Exhibitor must complete request form and return before show close
2. Fern will create a BOL and shipping labels that will be printed
3. BOL and shipping labels will be delivered to your booth or held at the Service Center
4. Exhibitor must properly pack each shipment and apply labels
5. Exhibitor must return the signed BOL to the Service Center with piece count and est. weight

# of Labels Needed	
Carrier Requested	

CARRIER SELECTION (select one of the following)

☐ **Fern Transportation**	☐ **Common Carrier**	☐ **Expedited Carrier**	☐ **Company Truck/POV**	☐ **Van Line**
Level of Service:	☐ **Ground**	☐ **2nd Day Air**	☐ **Next Day Air**	*Note: Air Freight will be billed on Actual or Dimensional Weight, whichever is greater.*
Special Handling:	☐ **Lift-Gate**	☐ **Residential Delivery**	☐ **Inside Delivery**	
Declared Value (optional):		Insurance cost (min. $100): $4.25 per $100.00		

All Carriers must be checked-in by time and location published in the Exhibitor Service Manual

SHIP TO ADDRESS

Company Name:
Contact Name:
Address:
City: State: Zip Code:
Email: Phone:

BILL TO ADDRESS

Company Name:
Contact Name:
Address:
City: State: Zip Code:
Email: Phone:

EXHIBITOR SHIPMENT AUTHORIZATION

Signature X
Printed Name
Emergency/Mobile Phone #

By signing Exhibitor Shipment Authorization below, you and/or company agree to payment terms & conditions (listed in the show Exhibitor Services Manual), limits of liability (listed above) and authorizes Fern to use any payment method on file (including credit cards). All shipping charges and weights are estimates until the shipment is delivered.

PACKAGE DIMENSIONS

Pkg #1 Dimensions:	Est. Wt.:
Pkg #2 Dimensions:	Est. Wt.:
Pkg #3 Dimensions:	Est. Wt.:
Pkg #4 Dimensions:	Est. Wt.:
Pkg #5 Dimensions:	Est. Wt.:
	Total Estimated Weight:

SPECIAL INSTRUCTIONS

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All orders are subject to the terms and conditions as outlined in the Exhibitor Service Manual.

Exhibiting Company Name: _____ Booth # _____

outbound bill of lading request

111618-133722