

STRAIGHT BILL OF LADING – SHORT FORM – ORIGINAL – NOT NEGOTIABLE

INSTRUCTIONS: COMPLETE AND RETURN BILL OF LADING TO SERVICE
DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

A.M.
P.M.

Please bring (3) completed copies of the Bill of Lading with you to Show Site.

Date/Time Received _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

Shipper's No. _____

FROM:
 Exhibiting Company Name _____ Booth No. _____
 Shipping location (Exhibit Facility) _____ City _____ State _____
 Name of Event/Show _____ Date Prepared _____

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

TO:
 Consigned to (Ship to) _____
 Attention _____
 Destination (Street Address) _____
 City _____ State _____ Zip _____
METHOD: Truck Air Freight Van Line Other _____
CARRIER: (if known) _____

BY ACCEPTING THIS BILL OF LADING, GENERAL EXPOSITION SERVICES ASSUMES NO RESPONSIBILITY FOR SHIPMENT LEFT IN BOOTH BY EXHIBITOR. ALL MATERIALS ARE SUBJECT TO FINAL COUNT AND CORRECTION AT TIME OF ACTUAL REMOVAL FROM BOOTH. GENERAL EXPOSITION SERVICES RESERVES THE RIGHT TO RE-ROUTE ANY OUTGOING SHIPMENT VIA AN ALTERNATE CARRIER IN THE EVENT THE DESIGNATED CARRIER FAILS TO PICK UP THE SHIPMENT. GENERAL EXPOSITION SERVICES ASSUMES NO RESPONSIBILITY FOR MISDIRECTED SHIPMENTS AS A RESULT OF OLD SHIPPING LABELS WHICH REMAIN ON CONTAINERS. It is the shipper's responsibility to state the National Motor Freight Classification Commodity Description; otherwise shipment shall be described as Exhibition Materials.

No. Pieces	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Sub. to Cor.)	Class or Rate	Check Column					
	Crates (Wooden) Exhibition Material N O I K D F				Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor)				
	Cartons (Cardboard)								
	Fiber Cases/Trunks								
	Skids/Pallets								
	Carpets (Color _____)								
					FREIGHT CHARGES				
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NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing any agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

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Shipper/Exhibitor _____ Attention _____
 Permanent address of shipper: Street _____
 City _____ State _____ Zip _____
 Shipper (signature) _____
 Shipper (print name) _____
 Telephone No. () _____

Received in apparent good order, except as noted:
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 Agent/Driver _____
 Date _____

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