



1250 John A Papalas Dr., Lincoln Park, MI 48146  
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**National Dental Association  
 Annual Convention**

**Rosen Centre Hotel – Grand Ballroom C, D, E  
 Orlando, FL  
 July 11 – 15, 2018**



**INBOUND/OUTBOUND FREIGHT SERVICE INQUIRY FORM  
 \*\*THIS FORM MUST BE SUBMITTED BY JULY 6, 2018 AT 3:00 PM\*\***

Company Name:		Booth Number:	
Address:			
City:	State:	Zip:	
Phone:	Email:		

Will you be shipping freight to the advance warehouse?      YES / NO    - PLEASE CIRCLE

If yes, please answer questions 1-6 below and return by the deadline date. If no, disregard questions 1-6 and return by the deadline date.

1. Estimated total number of pieces being shipped:

\_\_\_\_\_ Crated      \_\_\_\_\_ Uncrated      \_\_\_\_\_ Total

2. Indicate total number of shipments anticipated:

\_\_\_\_\_ # of shipments

3. Estimated total carton weight (CWT): \_\_\_\_\_ lbs.

4. List carrier names(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

5. Is there any special handling equipment required to unload your exhibit materials? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

6. Please list the person in charge of your move-in and move-out (name/phone number/email address): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_