

PICK-UP INFORMATION	PICK-UP DATE:		PICK-UP TIME:		MAIN INTERSECTION:		CONTACT NAME:	
	PICK-UP COMPANY NAME AND ADDRESS:						PHONE #:	
							EMAIL:	
	LOADING DOCK AT SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO / TRACTOR ACCESS: <input type="checkbox"/> YES <input type="checkbox"/> NO /							
	BLANKETS REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO / STRAPS REQ (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> NO							
	# OF PIECES:			WEIGHT:			DIMENSIONS:	
OPERATIONAL HOURS:		SPECIAL INSTRUCTIONS :						

SHOW INFORMATION	SHOW NAME POOL & SPA CONFERENCE & EXPO, 2026		VENUE ADDRESS: NIAGRA FALLS CONVENTION CENTRE, NIAGRA FALLS			SHOW DATE: DECEMBER 2 - 3, 2026	
	EXHIBITING COMPANY:		SHOW SITE CONTACT NAME		SHOW SITE CONTACT		BOOTH #:
	MOVE IN DATE:		MOVE IN TIME:		MOVE OUT DATE:		MOVE OUT TIME:

DELIVERY AFTER SHOW	DELIVERY DATE:		MAIN INTERSECTION:		CONTACT NAME:			
	SHIP TO NAME AND ADDRESS:						PHONE #:	
							EMAIL:	
	LOADING DOCK AT SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO / TRACTOR ACCESS: <input type="checkbox"/> YES <input type="checkbox"/> NO /							
	BLANKETS REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO / STRAPS REQ (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> NO							
	# OF PIECES:			WEIGHT:			DIMENSIONS:	
OPERATIONAL HOURS:		SPECIAL INSTRUCTIONS :						

VALUATION COVERAGE -> PLEASE INDICATE A ZERO DOLLAR AMOUNT WITH SIGNATURE IF YOU DO NOT REQUIRE ADDITIONAL VALUATION COVERAGE.

I require valuation coverage on my goods while in the possession of Lange Transportation & Storage Ltd. A claim would be based upon the landed wholesale cost of my goods \$ _____. The rate for this coverage is 2% of the declared value of the materials being insured (charged separately for move-in and move-out) with a \$20.00 minimum charge each way and a \$50.00 deductible*. Otherwise, please just use released valuation coverage at no additional cost to me. Released valuation coverage in case of loss, damage etc. is \$0.50 per pound. Maximum released liability cannot exceed \$50.00 per piece count or total shipping charge from origin to destination.

*Please note for extra valuation, the maximum dollar value we can offer may be capped at \$5.00 per pound (i.e. if your shipment weighs 2,000lbs the maximum extra valuation coverage you can purchase is \$10000.00). You must receive confirmation in writing if you wish to exceed the \$5.00 per pound cap.

SIGNED: _____ PRINT: _____ TITLE: _____

PAYMENT DETAILS

VISA* MASTERCARD*

CARD NO: _____ EXPIRY DATE: MM/YY ____ / ____ CVV: _____

AUTHORIZED SIGNATURE: _____ PRINT: _____

BILLING NAME AND ADDRESS : OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY

PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PO#: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____

ALL SERVICES FOR THIS SHOW ARE PRE-PAID