

## LOS ANGELES CONVENTION CENTER LOS ANGELES, CA September 5<sup>th</sup> – 6<sup>th</sup>, 2025

REQUESTER N	NAME:	REQUESTER PHONE:		
PLEASE ARRA	ANGE TRANSPORTATION FO RATE INQUIRY			
PICK UP ADDRESS:		<b>BILLING INFORMATION</b>		
COMPANY		COMPANY		
STREET NO.		STREET NO		
SUITE/FL. NO.		SUITE OR FL. NO		
CITY/STATE/ZIP		CITY/STATE/ZIP		
CONTACT		CONTACT		
PHONE		PHONE		
		FAX		
PICK UP DATE		EMAIL		
READY TIME	CLOSE TIME	BOOTH#	DECLARE	ED VALUE:
SH	IIP TO: □ ADVANCE WAF	REHOUSE	☐ DIRECT TO SHOW	SITE
NO. OF PIECES	DESCRIPTION	DIMENSIONS L x W x H		WEIGHT
	SERVICE L □ 2 DAY □ 3	EVEL REG	QUIRED: ERRED (LTL)	
	Please arrange shipping a	fter show t	to the following addr	ess
COMPANY		CONTACT		
STREET NO.		PHONE		
SUITE/FL. NO		_		
CITY/STATE / ZIP_		_		
_			PLEASE PRINT & SIGN	AUTHORIZED NAME

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