

FREEMAN

FREIGHT INFORMATION SHEET

Company Name:			Booth #	
Office Contact Name: Email:				
Show-Site Contact Name:Email:				
	•		, we ask that you COMPLETE m or call +1.713.545.8638 or +	
# of display	material loads	# of machin	ery or steel loads	# of mixed loads
	o <mark>ads will be sent to</mark> closed vans overseas carriers	your booth?	Number of flatbed trailers Number of lowboy trailers	
3. What is the approximation lbs How much of your lbs How much is you	our total weight is	s machinery weig		
4. Will you require specif	ic equipment to ur	nload? (Check /	ALL that apply)	
Crane	Forklift ove	r 5,000 lbs.	Boomlift	Versa-Lift
. ,	•		Time:	
(Check One) Unload	ing only Bo	oth Work Only	Both (Unloading & Booth	Work)
6. Forklifts - If use for b	ooth work, please	specify: Date: _	Time:	Size:
Besides this form, please make sure all rigging orders are placed with Freeman with the form in your exhibitor kit				
"Rigging Equipment & Lab	or" Please note on th	at form if you will re	equire a carry-over for the next da	ay.
If you need specialized lifting Please describe and priovide			eader bars, steel plates, steel ba	ars, special dollies, ets.
7. ACCESS STORAGE - If needed, please approximate the square footage				
* Have you made	IN	1PORTANT REMIN	NDERS	ton/ontion?

If no, or if you need help, contact Freeman Exhibit Transportation at 1-800-995-3579

Have you made arrangements for Transportation of your materials & equipment to Well Intervention?