

## **Drayage Handling Form Information**

For Questions Please Contact our Event Service Department at 716-278-2100.

#### SHIPPING TO THE CONFERENCE CENTER

- Shipments may not arrive earlier than THREE (3) Business days prior to the first move in day. Unless special arrangements have been made with our Event Services department.
- ALL SHIPMENTS MUST ARRIVE PREPAID. Collect shipment will be refused!
- CCNF will not be responsible for the condition, count or content of shipments until such a time as exhibits or materials are picked up for removal after the close of the exhibition.
- All items are to be marked with your company name, booth number and name of show.
- CCNF charges drayage for all freight received.
- These charges are for the labor required to receive, store, deliver freight to booth, remove, store and return empty containers, remove shipment from booths and deliver to loading area of exhibit hall, where they will be loaded on common carrier's trucks.

## SHIPPING AT END OF SHOW INSTRUCTIONS

- Exhibitors need to bring to the Show: Shipping Labels, Packing Tape, Bill of Ladings for preferred carriers marked with the company's account number or COD, phone number of carrier.
- THE EXHIBITOR MUST CALL THE PREFERRED CARRIER HIM OR HERSELF! The carrier is to be informed that they have a pick up for THE EXHIBITING COMPANY.
  - Location: The Conference and Event Center Niagara Falls 101 Old Falls Street, Niagara Falls, NY – Loading Dock Off of Second Street. Shipments may be picked up Monday-Friday 9AM-5PM.
- All items are to be properly packaged, labeled and called for a pickup prior to contacting the conference center. Once those are complete the Conference Center will then:
  - Remove drayage from booths to loading area where they will be loaded on common carrier trucks.
- The CCNF's preferred carrier is FedEx.
- Items left on the exhibit floor without instructions for return will be returned to our storage area and held for disposition at an additional charge of 15% of drayage handling charges. The CCNF will use its discretion on shipping time and choice of carrier for these items.

## **INSURANCE**

- The CCNF is not responsible for lost or misplaced freight; CCNF is not responsible for any materials left unattended. CCNF is not responsible for lost or damaged (including concealed damage) of freight. All carrier claims will be the sole responsibility of exhibitor.
- CCNF will not be responsible for the count or content of material after it has been placed in the
  exhibit area, before or during installation time, or at the conclusion of the event, or prior to taking
  physical count and possession in preparation to move such materials.
- The exhibitor agrees to hold harmless CCNF for responsibility for concealed and/or apparent damage to uncrate and/or non shrink-wrapped exhibit material. The exhibitor should make certain all material is properly insured against "ALL RISK" while in transit to and from your point of origin, to and from your booth, and through the duration of the show.



## **FEES**

Charges for Drayage Boxes will be based on the Following \$5.00+ Per Box.

# ALL PALLETS/LARGE EQUIPMENT WILL BE BASED ON INBOUND WEIGHT PER SHIPMENT (CWT = 100 LBS.)

SHOW SITE... \$32.00 PER CWT (100LBS) WITH A 200 LB MINIMUM EXAMPLE: 4 BOXES WEIGHING 60LBS EACH AND 1 PALLET WEIGHING 150LBS

TOTAL WEIGHT = 390LBS

32.00 X 390/100 = 32.00 X 3.9

	02:00 % 00	o,	10071 010
LINE 1:	Total weight	OF BOXES	
LINE 2:	TOTAL WEIGHT OF	PALLETS	
LINE 3:	TOTAL WEIGHT (200LB	Мімімим)	
Line 4:	Total Weight (Line 3)	/100	
	32.00 X (LINE 4 TOTAL)	II	DRAYAGE FEE \$ (PLEASE NOTE THERE IS A 200LB MINIMUM, IF YOUR DRAYAGE FALLS BELOW 200LBS YOUR TOTAL DRAYAGE WILL BE \$64.00 PLUS 8% TAX) PLEASE COMPLETE THE TOTALS FORM BELOW AND SEND IN WITH FINAL PAYMENT

TOTALS	
Box Totals (\$5.00 Per Box)	\$
PALLET OR LARGE EQUIPMENT FEE	
(PLEASE NOTE THERE IS A 200LB	
MINIMUM, IF YOUR DRAYAGE FALLS BELOW	
200LBS YOUR TOTAL DRAYAGE WILL BE	
\$64.00 Plus 8% Tax)	\$
Subtotal (Please Add All the Totals	\$
Together)	
Sales Tax (8%)	\$
Overall Total	\$

## PLEASE HAVE THIS SHIPPING LABEL PRINTED ON EVERY BOX SHIPPED TO THE CONFERENCE CENTER.

EXHIBITOR SHIPF	PING & RECEIVING								
Event:	Company Name:								
Booth #/Location:	Contact:								
Event Move In Date:	Shipping From Address:								
Date Received by CCNF:	Shipping To Address:								
	101 Old Falls Street Niagara Falls, NY 14303								
Received by:	Phone: Fax:								
Date Claimed:	E-mail:								
Box #: of/	Pallet #: of								
	ND PACKAGES THAT ARE NOT SHRINK-WRAPPED, NOR WILL WE BE								
RESPONSIBLE FOR CONCE.	ALED DAMAGE TO MATERIAL								
EXHIBITOR SHIPE	EXHIBITOR SHIPPING & RECEIVING								
Event:	Company Name:								
Booth #/Location:	Contact:								
Event Move In Date:	Shipping From Address:								
Event Move in Bate.	empping From Address.								
Date Received by CCNF:	Shipping To Address:								
,	101 Old Falls Street Niagara Falls, NY 14303								
Received by:	Phone: Fax:								
Date Claimed:	E-mail:								
Box #: of/	Pallet #: of								
	ND PACKAGES THAT ARE NOT SHRINK-WRAPPED, NOR WILL WE BE								
RESPONSIBLE FOR CONCE	ALED DAMAGE TO MATERIAL								
EXHIBITOR SHIPE	PING & RECEIVING								
Event:	Company Name:								
Booth #/Location:	Contact:								
Event Move In Date:	Shipping From Address:								
Event wove in Date.	ompping From Address.								
Date Received by CCNF:	Shipping To Address:								
	101 Old Falls Street Niagara Falls, NY 14303								
Received by:	Phone: Fax:								
Date Claimed:	E-mail:								
Box #: of/	Pallet #: of								

CCNF WILL NOT BE RESPONSIBLE FOR DAMAGE TO UNCRATED AND PACKAGES THAT ARE NOT SHRINK-WRAPPED, NOR WILL WE BE RESPONSIBLE FOR CONCEALED DAMAGE TO MATERIAL





### PLEASE RETURN THIS FORM WITH YOUR PAYMENT

For payment by credit card: We will be glad to accept your credit card information via fax or over the phone. (Please <u>DO NOT</u> e-mail; for your safety we will no longer accept charge authorization forms via e-mail.)

*Phone:* (716) 278-2100 Fax: (716) 278-0008 Mailing Address: 101 Old Falls Street, Niagara Falls, NY 14303

Complete the information requested bel	ow and return this form wi	th your order(s). Please print	t or typ
COMPANY NAME			_
CREDIT CARD BILLING ADDRESS			
CITY	STATE	_ ZIP CODE	
ORDERED BY	Γ	DATE	
PHONE	FAX		
E-MAIL			
Print Name as it appears on the card:			
Signature as it appears on the card:			
	rge my card for the followi  Total:  Date:		
Company Name:		Booth #:	_
	Phone:		
Email:		<del>-</del>	
Forms Must be F	Received at least 15 Days	s Prior to Move-In	
PLEASE DO NOT SEND A CO			
` /	Ill out credit card information DO NOT EMAIL ANY CRE to accept your credit card num	DIT INFORMATION,	mation
Visa M	1C American Express		
EXPIRATION DATE:			
DATE RECEIVED:			