

TIMESLOT REQUEST FORM



FAIREXX
LOGISTICS
FOR EXHIBITIONS

Exhibitor:

Booth no.:

Contractor contact details:

Company Name:

Contact:

Phone:

Fax:

e-mail:

We would like to have following unloading and reloading slots:

Build up	Date:	Dismantling	Date:
	Time:		Time:

FORKLIFT SERVICES NEEDED FOR LOADING YES NO / UNLOADING YES NO
Please indicate whether you need our assistance!

Shipment details

☐ Groupage	☐ Transit Van	☐ part load trailer	☐ full load trailer
No. of pieces	Size:	Loading meters:	No. of Trailers
Total gross weight	kgs	Volume (in cbm)	Cbm

Please send this form latest to one of the following contacts:

Fax:

e-mail:

Any Form received later than cannot be processed.

Slots will be given depending on size of shipment, stand size and location.

Final Slots will be confirmed to you latest

Your confirmed time slot Date

time

Reference No.

Your confirmed time slot Date

time

Reference No.