

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

<input type="checkbox"/> Groupage	<input type="checkbox"/> Transit Van	<input type="checkbox"/> part load trailer	<input type="checkbox"/> full load trailer
No. of pieces <input type="text"/>	Size: <input type="text"/>	Loadingmeters: <input type="text"/>	No. of Trailers <input type="text"/>
Total gross weight <input type="text"/>	kgs	Volume (in cbm) <input type="text"/>	Cbm

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

Fax: e-mail:

Fax: e-mail:

Any Form recieved 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.