TIMESLOT REQUEST FORM



Exhibition:						LOGIS FOR EXHI	TICS	
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:		Dismontling	Date:				
	Time:			Dismantling	Time:			
FORKLIFT SERVICES NEEDED FOR LOADING YES NO / UNLOADING YES NO Please indicate whether you need our assistance!								
Please indicate	whether you				/ UNLOA	DING	S YES	NO
Please indicate Shipment detai	whether you	need our	assista	nce!				
Shipment detai Groupage	whether you	need our Trans		part load	trailer		full load tra	
Shipment detai Groupage No. of pieces	whether you ls	need our	assista	part load Loadingmeters	trailer S:			ailer
Shipment detai Groupage	whether you ls	need our Trans	assista	part load	trailer S:		full load tra	
Shipment detai Groupage No. of pieces	whether you ls eight	need our Trans Size:	assista	part load Loadingmeters Volume (in cb	trailer s: m)	No.	full load tra	Cbm
Shipment detai Groupage No. of pieces Total gross we	whether you ls eight	need our Trans Size:	assista	part load Loadingmeters Volume (in cb	trailer s: m)	No.	full load tra	Cbm
Shipment detai Groupage No. of pieces Total gross we Please send this	whether you Is ight is form latest	rans Size:	assista it Van kgs e-mail:	part load Loadingmeters Volume (in cb	trailer s: m) o one of	No.	full load tra	Cbm
Shipment detai Groupage No. of pieces Total gross we Please send thi Fax:	whether you Is ight is form latest	Trans Size:	it Van kgs e-mail:	part load Loadingmeters Volume (in cb to	trailer s: m) o one of to a sur	No.	full load tra of Trailers following co	Cbm ontacts:

CANCELLATION OF BOOKED AND CONFIRMED SLOTS LESS THAN 3 DAYS PRIOR TO CONFIRMED TIME SLOT WILL BE SUBJECT TO A CANCELLATION FEE OF EUR 500,00 REGARDLESS OF VEHICLE SIZE.