

MOVE-IN AND MOVE-OUT INFORMATION

COUNTRY NAME IN PROGRAM: _____

NAME OF CONTACT PERSON _____ PHONE _____

EMAIL _____

GENERAL INFORMATION:

Do you have any of the following to be moved in/out: (Check all that apply)

Large construction pieces

Miscellaneous large pieces

Large display cases or furniture

Small appliances

Large appliances

Souvenirs

Describe Issues _____

Will you need help getting items from vehicle to booth? Yes No

What type of vehicle(s) will you have to for move-in and move-out?

Car or van

Large truck

Large van

Pick-up truck

Other (please explain) _____

MOVE-IN INFORMATION:

Preferred Move in time:

Building TIME: 9am – 9pm

Building TIME: 9am – 9pm

Wednesday _____ Enter
am/pm

Thursday _____ Enter
am/pm

How long do you expect it will take to totally unload your vehicle and get your items to your booth and unloaded from the carts? _____

MOVE-OUT INFORMATION:

How long do you expect it will take to tear-down, pack up and be ready to move out? _____

ADDITIONAL INFORMATION:

Is there anything else we need to know to help you with your move-in and move-out experiences? Please explain.