

MATERIAL HANDLING AND DRAYAGE INSTRUCTIONS & CHECKLIST

_____ 1. You are responsible for contacting a carrier and scheduling your shipment to us. Shipments are NOT accepted at the show site, unless prescheduled with Academy. Drayage charges apply.

_____ 2. Clearly address each container to: **Academy Expo**
2024 Original Sewing & Quilt Expo -SCC
"Your Name & Booth Number"
116 Marion Road, Cincinnati, OH 45215
Phone (513) 772-1898 Fax (513) 322-4473

_____ 3. Payment must be made by credit card. All Credit cards accepted.

_____ 4. Total number of containers (#): _____

_____ 5. Rates: \$ 1.25 per pound
(Minimum payment required \$50.00 for 1- 40 lbs.)
Total weight of packages shipped to Academy (lbs.): _____
7.8% Sales Tax _____
3.99% Credit Card Convenience Fee _____
Total amount due (\$): _____

_____ 6. Your Company Name: _____
Company Address: _____
Company City / State / Zipcode: _____
Phone Number: _____
E-MAIL: _____
Fax Number: _____
Contact Person: _____
Your Booth #: _____

**7. DEADLINE: All material must arrive on or before Tuesday, Oct. 1st, 2024.
Shipments received after the deadline will incur a \$125.00 late fee.**

_____ 8. Academy will store & deliver your container(s) to your booth at the meeting site.
We are not responsible for any unpacking, repackaging, setup, or breakdown of materials.

_____ 9. ***** Affix your carriers PREPAID shipping return labels & our "Return Drayage Form" to your returning packages, then CALL your carrier to schedule a pickup from our warehouse on either Tuesday, October 15th or Wednesday, October 16th, 2024.**

_____ 10. Fax this completed, signed form to # (513) 322-4473 with your credit card information:
CREDIT CARD TYPE _____ CREDIT CARD EXP DATE _____
CREDIT CARD # _____ CVV# _____
NAME as it appears ON CARD _____
BILLING ADDRESS _____
BILLING STATE / ZIP _____

Person responsible for this information and its execution:

Name Title Date

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: critchie@academyexpo.com

RETURN DRAYAGE FORM

MY COMPANY NAME _____

MY BOOTH # _____

MY RETURN PACKAGES ARE SHIPPING TO:

COMPANY _____

ATTN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

of boxes returned _____

Approximate total weight _____

Name of Carrier _____

PLEASE attach your completed, **pre-paid shipping labels** to each of the packages you are returning with **this form** and **call your carrier to schedule** pickup from Academy Expo.

****** Please be sure to complete this form and attach it, with your pre-paid shipping labels, to your boxes to ensure a prompt return.**

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: critchie@academyexpo.com

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