

Partner Request for Consignment Robot

Company Name		
Company Contact	Telephone	Fax Number
Company Contact Responsible for Equip	ment	Telephone and Fax
Company Street, City, State, Zip		
Ship Address if Different		
Equipment Requested Delivery Date	Preferred Freight (Carrier
Show Name	Show Dates	
Show Location	Booth Number and	J Size
Target Move-in	Target Move-out	
Description of Demonstration		
Other Requests or Comments		