ESTIMATED MATERIAL HANDLING ORDER FORM

INBOUND SHIPPING INFORMATION

ADVANCE SHIPMENTS:
TO: Your Exhibitor Name/Booth Number
FOR: LISA 2002
Brede Exposition Services*
c/o YFS/Atlantic City-Phi. Express
2520 E. Castor
Philadelphia, PA 19134
215 743-5390

•DIRECT SHIPMENTS:
TO: Your Exhibitor Name/Booth Number
FOR: LISA 2002
c/o BREDE EXPOSITION SERVICES**
Philadelphia Marriott-Franklin Hall B
1201 Market St.
Philadelphia, PA 19107
215 625-2900

*Direct Shipments received ONLY during exhibitor move-in hours.
Refer to the General Information sheet for Dates & Times

**Brede does not accept shipments that are not consigned to Brede Exposition Services. Such shipments will be refused.

<table>
<thead>
<tr>
<th>NUMBER OF PIECES</th>
<th>EST. WEIGHT</th>
<th>CARRIER(S)</th>
<th>TRACKING # (Please provide pro number)</th>
<th>ESTIMATED COST (200lb. min. per shipment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVANCE SHIPMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECT SHIPMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SHIPPED FROM CITY_____________________________STATE__________________
DATE SHIPPED ________________________________ ESTIMATED DATE OF ARRIVAL ____________

OUTBOUND SHIPPING INFORMATION

• OUTBOUND BILL OF LADINGS must be completed and turned in at the Brede Service Desk.

• DO NOT LEAVE YOUR BILL OF LADING IN YOUR BOOTH!!

• A credit card is required for material handling services. Please complete credit card information on "Recap of Services" form.

• In the event a Bill of Lading is not turned into the Brede Service Desk, non-identifiable shipments will be discarded.

• Local cartage and storage services are available ~ rates furnished upon request.

ALL CHARGES MUST BE PAID PRIOR TO CLOSE OF SHOW
Please be aware of our payment policies.

PLEASE FILL OUT THE INFORMATION BELOW ON EACH ORDER SHEET. I have read and understand the Material Handling Rate Schedule as well as the Material Handling Limits of Liability as stated on the enclosed sheets.

Company Name_____________________________________________________________ Booth No.______________________________
Address____________________________________________ City/State______________________________ Zip__________________
Contact Person________________________________________ Phone (         )___________________ Fax (         )__________________

MAIL OR FAX TO: Brede Exposition Services • 6801 Mid-Cities Avenue • Beltsville, MD 20705-1411
(301) 937-8600 • Fax (301) 937-6513