



# ORDER FORM

## LIFTING - STORAGE - FREIGHT

### 5th World Psoriasis & PAC Conference 28-30 June 2018 Waterfront Stockholm Sweden

Please indicate the services below which you require from the official Freight and Lifting Contractor:

- |    |  |  |                      |
|----|--|--|----------------------|
| 1) | Receive goods into local warehouse before / after show                     | Date of arrival  | <input type="text"/> |
| 2) | Unloading from vehicle direct to stand                                     | Date and time of arrival                                   | <input type="text"/> |
| 3) | Reloading to vehicle direct from stand                                     | Date and time of collection                                | <input type="text"/> |
| 4) | Removal, storage and redelivery of empty cases                             |  | <input type="text"/> |
| 5) | Storage of full goods with access during show                              |  | <input type="text"/> |
| 6) | Labour for help on stand (i.e help in unpacking / repacking) Unskilled     |  | <input type="text"/> |
| 7) | Transport via  | AIR <input type="text"/> EXPRESS <input type="text"/> ROAD | <input type="text"/> |
| 8) | Customs Clearance formalities for Export & Import                          | Value for Customs Purposes                                 | <input type="text"/> |
| 9) | Symposium deliveries / storage / preparation / timed delivery within venue |  | <input type="text"/> |

**Description of Exhibits / Cases - Please indicate the Length - Width - Height and Weight of each item:**

**THERE ARE NO CREDIT FACILITIES AVAILABLE**

I hereby authorise you to debit my credit card for the full amount:

Mastercard / Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	Security number (last 3 digits only)	<input type="text"/>
Card Holder's Name	Card Holder's Signature		
Address			

**PLEASE COMPLETE YOUR DETAILS BELOW**

Exhibitors Name	.....		
Hall	Stand No	Date Required on stand	.....
Address .....			
Postcode	Contact on stand	.....	
Email	Telephone.....		
VAT No:	Mobile of person on stand.....		

Please complete and return to: Email : [simon@dhl-exh.com](mailto:simon@dhl-exh.com) Contact : Simon Latchford  
 Telephone : + 44 (0) 121 782 4626 Fax : + 44 (0) 121 782 4680

**Deadline for return of order form: 28 May 2018**

All our business is transacted under B.I.F.A conditions that may exclude or limit our liability in certain circumstances.



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