



2900 S. Hydraulic
Wichita, KS 67216
316-943-1851 – Fax 316-267-4804
EMAIL: info@henryhelgerson.com

BOOTH # _____

Kansas Star Arena

FREIGHT HANDLING ORDER FORM & FORK LIFT RENTAL

THE HENRY HELGERSON COMPANY HAS BEEN SELECTED AS DRAYAGE CONTRACTOR FOR THIS SHOW

1. Mail, fax or email this form and your advance payment to the address or fax number noted above as soon as possible.
2. SEE BELOW FOR WAREHOUSE AND DIRECT TO SHOW SITE SHIPPING ADDRESSES.
3. All shipments must be sent pre-paid. COLLECT SHIPMENTS WILL BE REFUSED!
4. The rate of \$48.00 per 100 pounds includes storage up to 20 days and delivery to the show site.
5. Henry Helgerson Company will receive freight at:

ADVANCED SHIPPING WAREHOUSE ADDRESS:

To: (NAME OF EXHIBITOR & BOOTH NUMBER)

ADVANCE TO WAREHOUSE MUST BE

For: (NAME OF SHOW C/O HENRY HELGERSON CO)

RECEIVED NO LATER THAN: **Sept. 15, 2023**

2900 S. HYDRAULIC, WICHITA, KS 67216

INBOUND SHIPPING INFO – PRIOR TO EXHIBIT: (CHECK ONE) _____ TO WAREHOUSE _____ TO SHOW SITE

SHIPPED VIA: _____ PRO # _____

DATE SHIPPED: _____ ESTIMATED DATE OF ARRIVAL: _____

FORK LIFT REQUIRED FOR LOADING/UNLOADING? YES: _____ NO: _____ ADD \$100.00 PER HOUR

OF CRATES: _____ # OF DISPLAY CASES: _____ # OF CARTONS: _____ # OF SKIDS: _____

TOTAL # PIECES: _____ TOTAL WEIGHT: _____ X \$48.00/100 lbs. = _____ TOTAL COST

OUTBOUND SHIPPING INFO – AT CLOSE OF EXHIBIT

SHIP TO: _____ FREIGHT COMPANY: _____

ATTENTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

If you have not designated a motor freight company Henry Helgerson Company will select a carrier. Henry Helgerson Company will load out your shipments when your carrier arrives. Henry Helgerson Company cannot be held responsible for unattended or non-prearranged freights left on the show floor.

ALL SHIPMENTS WILL BE SHIPPED COLLECT UNLESS OTHERWISE SPECIFIED.

HENRY HELGERSON COMPANY WILL NOT BE RESPONSIBLE FOR ANY FREIGHT CHARGES.

NAME OF CARDHOLDER: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

CARD NUMBER: _____ SUBTOTAL FREIGHT CHARGES: \$ _____

CARDHOLDER SIGNATURE: _____ 8.5% SALES TAX: \$ _____ TOTAL DUE: \$ _____

CARDHOLDER PHONE NUMBER: _____ CHECK ENCLOSED: \$ _____

PAYMENT IN FULL, INCLUDING APPLICABLE SALES TAX, MUST ACCOMPANY YOUR ORDER

NAME OF EVENT Kansas Healthcare Association

BOOTH: _____

COMPANY NAME: _____

EMAIL: _____

ORDERED BY: _____

PHONE: _____