



Order Form for DIRECT DELIVERY TO VENUE
Time Slot request

Date: _____

Congress / Exhibition name	
Exhibitor name	
Halle / Stand Nr.	
Contact Person on site	
Mobil No.	

REQUESTED COMPANY

Full company name	
Contact person	
Telefon No.	
Mail.	

SHIPMENT DETIALS

Full Truck load / 13,6 loading meter	<input type="checkbox"/> IML Unloading & Reloading	<input type="checkbox"/> Self offloader / reloader
Half truck load / 7 loading meter	<input type="checkbox"/> IML Unloading & Reloading	<input type="checkbox"/> Self offloader / reloader
Partial shipment / other	<input type="checkbox"/> IML Unloading & Reloading	<input type="checkbox"/> Self offloader / reloader

DATE_ TIME REQUEST / NEEDED SERVICE

Move IN (SETUP) Pls. write date/time & needed service	
Move OUT (DISMANTLING) Pls. wriie date/time & needed servide	

ADD. INFORMATIONS

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AFTER CONFIRMATION OF YOUR REQUEST
PLS SEND TRUCK DETAILS TO ARRANGE THE REGISTRATION

return to cirse@iml-vienna.at