

PICK-UP INFORMATION	PICK-UP DATE:	PICK-UP TIME:	MAIN INTERSECTION:	CONTACT NAME:
	PICK-UP COMPANY NAME AND ADDRESS:			PHONE #:
				EMAIL:
	LOADING DOCK AT SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO / TRACTOR ACCESS: <input type="checkbox"/> YES <input type="checkbox"/> NO /			
	BLANKETS REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO / STRAPS REQ (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	# OF PIECES:	WEIGHT:	DIMENSIONS:	
OPERTIONAL HOURS:	SPECIAL INSTRUCTIONS :			

SHOW INFORMATION	SHOW NAME : GROCERY & SPECIALITY FOOD WEST, 2026	VENUE ADDRESS : VANCOUVER CONVENTION CENTRE, 999 CANADA PLACE, VANCOUVER, BC V6C 3E1	SHOW DATE: APRIL 21 - 22, 2026
	EXHIBITING COMPANY:	SHOW SITE CONTACT NAME	SHOW SITE CONTACT BOOTH #:
	MOVE IN DATE:	MOVE IN TIME:	MOVE OUT DATE:
			MOVE OUT TIME:

DELIVERY AFTER SHOW	DELIVERY DATE:	MAIN INTERSECTION:	CONTACT NAME:
	SHIP TO NAME AND ADDRESS:		PHONE #:
			EMAIL:
	LOADING DOCK AT SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO / TRACTOR ACCESS: <input type="checkbox"/> YES <input type="checkbox"/> NO /		
	BLANKETS REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO / STRAPS REQ (ITEMS ON WHEELS?): <input type="checkbox"/> YES <input type="checkbox"/> NO		
	# OF PIECES:	WEIGHT:	DIMENSIONS:
OPERTIONAL HOURS:	SPECIAL INSTRUCTIONS :		

VALUATION COVERAGE -> PLEASE INDICATE A ZERO DOLLAR AMOUNT WITH SIGNATURE IF YOU DO NOT REQUIRE ADDITIONAL VALUATION COVERAGE.

I require valuation coverage on my goods while in the possession of Lange Transportation & Storage Ltd. A claim would be based upon the landed wholesale cost of my goods \$. The rate for this coverage is 2% of the declared value of the materials being insured (charged separately for move-in and move-out) with a \$20.00 minimum charge each way and a \$50.00 deductible*. Otherwise, please just use released valuation coverage at no additional cost to me. Released valuation coverage in case of loss, damage etc. is \$0.50 per pound. Maximum released liability cannot exceed \$50.00 per piece count or total shipping charge from origin to destination.

*Please note for extra valuation, the maximum dollar value we can offer may be capped at \$5.00 per pound (i.e. if your shipment weighs 2,000lbs the maximum extra valuation coverage you can purchase is \$10000.00). You must receive confirmation in writing if you wish to exceed the \$5.00 per pound cap.

SIGNED: _____ PRINT: _____ TITLE: _____

PAYMENT DETAILS

☐ VISA* ☐ MASTERCARD*

Orders must be prepaid in full including tax. Orders must be cancelled by April 3rd, to be considered for refund.

CARD NO: _____ EXPIRY DATE: MM/YY ____ / ____ CVV: _____

AUTHORIZED SIGNATURE: _____ PRINT: _____

BILLING NAME AND ADDRESS : OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY

PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____ PO#: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE #: _____

ALL SERVICES FOR THIS SHOW ARE PRE-PAID