

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 & SPECIALTY FOOD WEST, 2026		VENUE ADDRESSS:	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 DATE:	MAIN INTERSECTION:	CONTACT NAME:		
	SHIP TO NAME AND ADDRESS:			PHONE #:	
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					
<input type="checkbox"/> VISA* <input type="checkbox"/> 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					
LANGE TRANSPORTATION		SEND COMPLETED FORMS & QUOTE REQUESTS TO: NAISHA KHANNA 905-362-1290 SALES@LANGESHOW.COM			