



CANADIAN AVIATION EXPO

RETURN SHIPPING FORM

Exhibitor: _____ Phone Number: _____

Contact: _____

Shipment Location: Booth #: _____

Number of Pieces: _____ Boxes Skids

US Shipments: Invoice / Way Bill Attached:

Broker: _____ Phone Number: _____

Shipping Company: _____ Phone Number: _____

Shipping Information: To: _____ Contact: _____

Street: _____ Phone Number: _____

City / State or Province: _____ Postal Code: _____

Carrier: _____

Canadian Aviation Expo takes no responsibility for the care and control of this shipment.

Note: One copy must be taped on the shipment
One copy must be returned to the show office
Keep one copy for your records

Signed: _____ Print: _____

Date: _____