**eHealth Week 2017 Conference**

**Shipping Form**

**PLEASE COMPLETE AND RETURN TO:**

**ARROW EXPRESS:** **imports@arrow-express.eu**

**Exhibitor details:**

|  |  |
| --- | --- |
| **Exhibitor Name:**(as it will appear at the exhibition) |  |
| **Booth Number:** |  |
| **Contact Name:** |  |
| **Contact Number:** |  |
| **Contact Email:** |  |
| **Import consignment details:** |
| **Airbill / Reference Number:** |  |
| **Flight / Voyage Number:** |  |
| **Expected Arrival Date:** |  |
| **Country of Origin:** |  |
| **Total Number of Pieces:** |  |
| **Includes goods for Temporary Import: Y / N**(i.e. items which will be returned after the show) | **Includes goods for Permanent Import: Y / N**(i.e. items which will not return after the show) |
| **Return shipping details:** |
| **Return Shipping Address:**(If applicable) |  |
| **Contact Name (Return Shipping):** |  |
| **Contact Number (Return Shipping):** |  |
| **Contact Email (Return Shipping):** |  |
| **Date after conference returned items required by:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Piece #** | **Weight (kg)** | **Length (cm)** | **Width (cm)** | **Height (cm)** |
| 1 |  |  |  |  |
| 2  |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |