Bill of Lading

NAME OF CARRIER	*POINT OF ORIGIN*	*SHIPPING DATE*	*trailer #*

SHIPPER	*CONSIGNEE*
	PPPC National Convention
MAIL ADDRESS (NOT FOR PURPOSE OF DELIVERY)	*CONSIGNEE - STREET ADDRESS*
	International Centre, Hall 5
	6900 Airport Road Mississauga, Ontario L4V 1E8
TELEPHONE	*TELEPHONE*

PACKAGES	*DESCRIPTION OF ARTICLES AND SPECIAL MARKS*	*WEIGHT*	*RATE*
	Exhibitor:		
	Booth #:		
TOTAL NUMBER OF PKGS.	WHERE REQUIRED BY THE TARIFF SHIPPER MUST COMPLETE THE FOLLOWING DIMENSIONS OF SHIPMENT TOTAL CUBIC FEET DIMENSIONAL WEIGHT	NUMBER XL PIECES	

SHIPPER	CARRIER	CONSIGNEE
PER	PER	PER

DRIVERS PLEASE NOTIFY IMMEDIATELY WITH ANY PROBLEM OR CONCERNS (416) 509-6103