

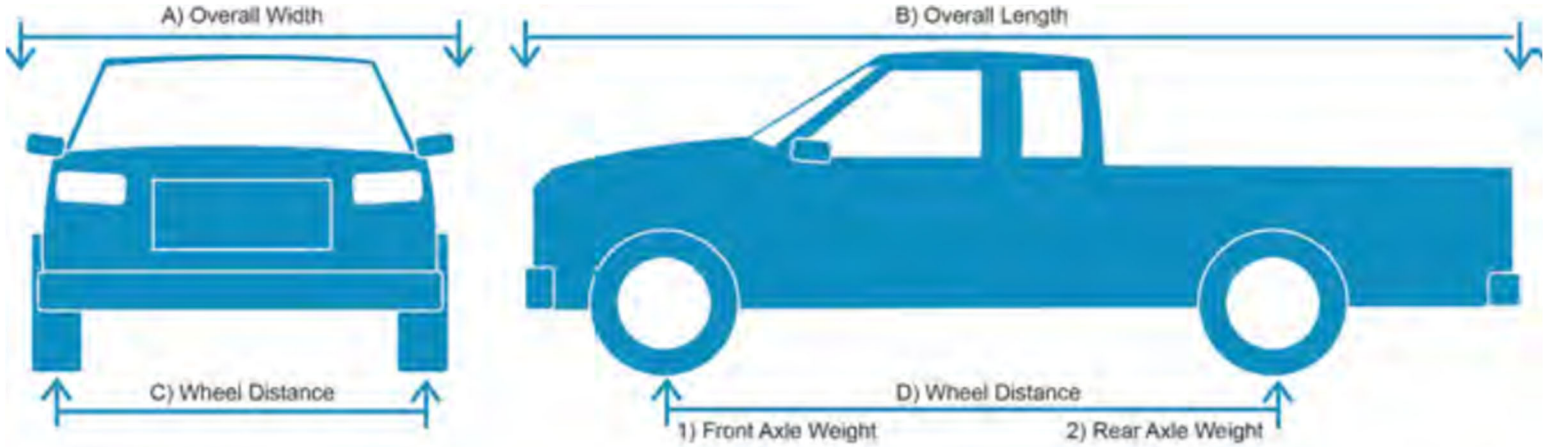
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**Return Form by:  
 December 27, 2021**

Exhibiting Company: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
 Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Total # of Units: \_\_\_\_\_ Type: \_\_\_\_\_

**Provide Vehicle Information for the Largest Unit(s)**



Unit Description	Mobile or Motorized	Overall Width	Overall Length	Wheel Distance	Front Axle Weight	Rear Axle Weight	Total Weight

**Is a Forklift or Crane Required?**  Yes\*  No \*(See Lift Equipment and Labor form.)

**Date and Time Exhibitor will be on-site to supervise movement of vehicle**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 On-site Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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