



Exhibit Transportation Services

Personal Information

Miss Mrs. Ms. Mr. Dr.

First Name: _____ Province/State: _____

Last Name: _____ Country: _____

Organization: _____ Postal/Zip code: _____

Title/Position: _____ Web Site: (if applicable): _____

Address: _____ Telephone: _____

_____ Fax: _____

City: _____ E-mail: _____

Organization Type (see Client Categories on the CCI Web site): _____

Request Information

Description of shipment: _____

Pick-up location: _____

Delivery location: _____

Do you require storage for the artifact(s)? Yes No

Storage details: (include storage dates) _____

Have you verified that this service cannot be provided by a private-sector carrier? Yes No

Key Request Dates – Pick up on or after: _____ Deliver by: _____

You may attach supporting documents or images