

## **MATERIAL HANDLING / DRAYAGE INSTRUCTIONS & CHECKLIST**

- \_\_\_\_\_ 1. You are responsible for contacting a carrier and scheduling your shipment to us. Shipments are NOT accepted at the show site, unless prescheduled with Academy. Drayage charges apply.
- \_\_\_\_\_ 2. Clearly address each container to: **Academy Expo**  
**Gr. Cinti. Holiday Market -Nov 7-9th, 2025**  
**"Your Name & Booth Number"**  
116 Marion Road, Cincinnati, OH 45215  
Phone (513) 772-1898 Fax (513) 322-4473
- \_\_\_\_\_ 3. Payment must be made by credit card. All Credit cards accepted.
- \_\_\_\_\_ 4. Total number of containers (#): \_\_\_\_\_
- \_\_\_\_\_ 5. Rates: \$ 1.25 per pound  
(Minimum payment required \$40.00 for 1- 25 lbs.)  
Total weight of packages shipped to Academy (lbs.): \_\_\_\_\_  
7.8% Sales Tax \_\_\_\_\_  
3.99% Credit Card Convenience Fee \_\_\_\_\_  
Total amount due (\$): \_\_\_\_\_
- \_\_\_\_\_ 6. Your Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City / State / Zipcode: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Your Booth #: \_\_\_\_\_

\_\_\_\_\_ 7. **DEADLINE:** **All material must arrive on or before**

**Tuesday, October 28<sup>th</sup>, 2025**

**Shipments received after the deadline will incur a \$125.00 late fee.**

- \_\_\_\_\_ 8. Academy will store & deliver your container(s) to your booth at the meeting site.  
We are not responsible for any unpacking, repackaging, setup or breakdown of materials.
- \_\_\_\_\_ 9. **\*\*\* Affix your carriers PREPAID shipping return labels & our "Return Drayage Form" to your returning packages, then CALL your carrier to schedule a pickup from our warehouse on either Tuesday 11/11<sup>th</sup> or Wednesday 11/12<sup>th</sup>.**
- \_\_\_\_\_ 10. Fax this completed, signed form to # (513) 322-4473 with your credit card information:  
CREDIT CARD TYPE \_\_\_\_\_ CREDIT CARD EXP DATE \_\_\_\_\_  
CREDIT CARD # \_\_\_\_\_ CVV# \_\_\_\_\_  
NAME as it appears ON CARD \_\_\_\_\_  
BILLING ZIP \_\_\_\_\_

Person responsible for this information and its execution:

Name

Title

Date

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: [critchie@academyexpo.com](mailto:critchie@academyexpo.com)

# RETURN DRAYAGE FORM

MY COMPANY NAME \_\_\_\_\_

MY BOOTH # \_\_\_\_\_

MY RETURN PACKAGES ARE SHIPPING TO:

COMPANY \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# of boxes returned \_\_\_\_\_

Approximate total weight \_\_\_\_\_

Name of Carrier \_\_\_\_\_

**PLEASE** attach your completed, **pre-paid shipping labels** to each of the packages you are returning with **this form** and **call your carrier to schedule** pickup from Academy Expo.

**\*\*\*\* Please be sure to complete this form and  
attach it, *with your pre-paid shipping labels*,  
to your boxes to ensure a prompt return.**

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email:  
[critchie@academyexpo.com](mailto:critchie@academyexpo.com)

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