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 pre-scheduled with Academy. Drayage charges apply.

_____ 2. Clearly address each container to:

Academy Expo
Sharonville Holiday Market-Nov 6-8, 2026
"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 $50.00 for 1- 40 lbs.)
Total weight of packages shipped to Academy (lbs) : _____
7.8% Sales Tax_____
3.99% Credit Card Convenience Fee_____
Total amount due ($): _____

_____ 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 27th, 2026
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 11/10 or Wednesday, 11/11.**

_____ 10. Fax this completed, signed form to # (513) 322-4473 or email to critchie@academyexpo.com with your credit card information:

CREDIT CARD TYPE _____ CREDIT CARD EXP DATE _____
CREDIT CARD # _____ CVV# _____
NAME as it appears ON CARD _____
BILLING ADDRESS _____
BILLING ZIP CODE _____

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

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

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