



**LOGISTICS ORDER FORM**

**Please return order form by May, 21st 2024 to:**

Schenker Deutschland AG  
Christine Rösler  
Fax: +49 (0) 911 81748 -25  
Tel: +49 (0) 911 81748 -30  
Email: christine.roesler@dbschenker.com

**Exhibitor details+onsite contact:**

**Hall/Booth number:**  
**Onsite contact name:**  
**Mobile phone:**

Please choose from the following three options :

For individual requirements please contact Schenker directly.

**A. QUOTATION REQUEST**

Please provide a quotation based on below mentioned shipment details.

**B. ORDER CONFIRMATION**

We herewith order the Schenker Deutschland AG to arrange all necessary logistics & transport services and the customs formalities (if required) to / from our exhibition booth at SENSOR+TEST 2024:

Collection address:

Pick-up date:

Pick up time:

**C.  OWN TRANSPORT ARRANGEMENTS**

The transport to the destination mentioned in the Shipping Guidelines will be arranged by our own contractor respecting the arrival deadlines.

Name of contractor:

Estimated date of arrival:

**SHIPMENT DETAILS** (please complete no matter which option you chose above):

Number of packages:

Estimated weight (kgs):

Package dimension (cms):

(for more than 4 items please submit dimensions on separate list)

**MOVE IN:**

Requested delivery:

DATE:

TIME:

Empty case storage required:

yes

no

**MOVE OUT:**

Return to the collection address:

yes

no

**INSURANCE:** SpV insurance is requested for a value of:

(a missing amount will result in a minimum coverage of EUR 10.000,00 per shipment)

We are non-SpV payee.

A full transport insurance can be offered upon separate request.

**BILLING:**

All occuring service charges are to be billed to our a.m. address:  yes

**REMARKS:**

(e.g.courier tracking numbers)

**DATE:**

**ORDERED BY:**

**PHONE #:**