

# Machinery and Display Questionnaire



Order Deadline

February 6, 2012



Booth Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Booth #: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
On-Site Contact: \_\_\_\_\_  
On-Site Cell Phone: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**The information exhibitors include on the questionnaires will enable GES to schedule personnel and equipment to assure an efficient and economical installation and dismantling of the International Manufacturing Technology Show/IMTS 2012.**

**Total number of truck loads:**    **Display** \_\_\_\_\_    **Machinery** \_\_\_\_\_

### International exhibitors displaying machinery:

Will your machine(s) be shipped from a point outside of the USA?     Yes     No

Will your machine(s) be in operation during International Manufacturing Technology Show/IMTS     Yes     No

### Instructions:

- Include a scale floor plan (1/8 inch = 1 foot) showing the location of machines by model number.
- Include photographs of machines, where possible.
- Give realistic estimates when specific information is not available and send GES specific information when it is available.
- If there is not enough room on the questionnaire for additional details, or if exhibitors will display equipment or machinery that will require special handling, include a separate sheet identifying concerns.
- Do not use the metric system for weights and dimensions.
- Give dimensions for length, width and height.
- List device or methods of pre-rigging, i.e., lifting lugs, spreaders, slings, bars, hooks, etc. to be shipped with machines. Any handling systems used in your plant or for shipping machines can be used at International Manufacturing Technology Show/IMTS 2012, however, GES must have the details. Specialty items must be provided by exhibitor.

Include area or country and city codes.

Return this form and the Machinery and Display Questionnaires to Global Experience Specialists, Inc. (GES). You may fax this form to GES at 702.740.3813 or email [IMTSorders@ges.com](mailto:IMTSorders@ges.com). Contact the GES - IMTS Information Center with any questions you may have at 866.280.7765 or 773.284.3960.

**Return original to:**    Global Experience Specialists, Inc. (GES)  
   GES - IMTS Information Center  
   6800 South Santa Fe Drive  
   Hodgkins, IL 60525

<b>Print &amp; Return Form To:</b>	
<b>Global Experience Specialists, Inc. (GES)</b> 6800 South Santa Fe Drive Hodgkins, IL 60525	<b>Fax: 702.740.3813</b> <b>Email: <a href="mailto:IMTSorders@ges.com">IMTSorders@ges.com</a></b> Questions? Contact: 866.280.7765 · International 773.284.3960 <a href="http://www.ges.com/IMTS_chat/">http://www.ges.com/IMTS_chat/</a>

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R-7a

# IMTS 2012

## TARGET PLAN QUESTIONNAIRE - MACHINERY

COMPANY NAME: \_\_\_\_\_ BOOTH: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE INDICATE ONE OF THE FOLLOWING:     PELIMINARY INFORMATION     FINAL INFORMATION    REGARDING THE INFORMATION BELOW.

ITEM#	WEIGHT IN LBS.	DIMENTIONS IN FEET			STAYS ON SKIDS	THE MACHINE WILL ARRIVE		WILL ASSEMBLY BE REQUIRED	
		LENGTH	WIDTH	HEIGHT		CRATED/ SKIDDED	UNCRATED/ UNSKIDDED	YES	NO
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**IMPORTANT: THE FOLLOWING INFORMATION MUST BE FILLED IN  
 TARGET DATES WILL NOT BE ISSUED WITHOUT THE BELOW INFORMATION!**

WE WILL UTILIZE THE FOLLOWING CARRIERS(S): \_\_\_\_\_

CARRIER CONTACT: \_\_\_\_\_

CARRIER PHONE: \_\_\_\_\_

YOUR SHIPPING DEPT. CONTACT: \_\_\_\_\_

SHIPPING CONTACT PHONE: \_\_\_\_\_

HOW MANY TRUCK LOADS OF MACHINERY WILL BE SHIPPED: \_\_\_\_\_

**PLEASE MAIL OR FAX TO:**

GLOBAL EXPERIENCE SPECIALISTS, INC. (GES)  
 GES - IMTS INFORMATION CENTER  
 6800 SOUTH SANTA FE DRIVE  
 HODGKINS, IL 60525  
 PHONE: 866.280.7765 or 773.284.3960  
 FAX: 702.740.3813

PLEASE CONTINUE ON THE FOLLOWING PAGE IF ADDITIONAL  
 SPACE IS NEEDED...

**Please return by Monday, February 6, 2012**

# IMTS 2012

## TARGET PLAN QUESTIONNAIRE - MACHINERY

COMPANY NAME: \_\_\_\_\_ BOOTH: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE INDICATE ONE OF THE FOLLOWING:     PELIMINARY INFORMATION     FINAL INFORMATION    REGARDING THE INFORMATION BELOW.

ITEM#	WEIGHT IN LBS.	DIMENTIONS IN FEET			STAYS ON SKIDS	THE MACHINE WILL ARRIVE		WILL ASSEMBLY BE REQUIRED	
		LENGTH	WIDTH	HEIGHT		CRATED/ SKIDDED	UNCRATED/ UNSKIDDED	YES	NO
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

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CARRIER PHONE: \_\_\_\_\_

YOUR SHIPPING DEPT. CONTACT: \_\_\_\_\_

SHIPPING CONTACT PHONE: \_\_\_\_\_

HOW MANY TRUCK LOADS OF MACHINERY WILL BE SHIPPED: \_\_\_\_\_

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# IMTS 2012

## TARGET PLAN QUESTIONNAIRE - DISPLAY

COMPANY NAME: \_\_\_\_\_ BOOTH: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE INDICATE ONE OF THE FOLLOWING:  PELIMINARY INFORMATION  FINAL INFORMATION REGARDING THE INFORMATION BELOW.

1. I WILL SHIP MY DISPLAY TO THE ADVANCE WAREHOUSE. YES \_\_\_\_\_ NO \_\_\_\_\_
2. I WILL SHIP MY DISPLAY DIRECT TO SHOW SITE. YES \_\_\_\_\_ NO \_\_\_\_\_
3. I WILL BE SHIPPING APPROXIMATELY \_\_\_\_\_ NUMBER OF PIECES. # CARTONS \_\_\_\_\_ # CRATES \_\_\_\_\_ # OTHER \_\_\_\_\_
4. THE ESTIMATED WEIGHT OF MY DISPLAY MATERIAL IS \_\_\_\_\_ LBS.
5. MY DISPLAY IS CRATED. YES \_\_\_\_\_ NO \_\_\_\_\_
6. MY DISPLAY WILL BE SHIPPED LOOSE OR UNCRATED. YES \_\_\_\_\_ NO \_\_\_\_\_
7. I WILL SHIP MY DISPLAY BY COMMON CARRIER \_\_\_\_\_ VAN LINE \_\_\_\_\_ NAME OF CARRIER \_\_\_\_\_  
COMPANY VEHICLE \_\_\_\_\_ AIR FREIGHT \_\_\_\_\_ NAME OF CARRIER \_\_\_\_\_
8. I WILL REQUIRE \_\_\_\_\_ (SQUARE / CUBIC) FEET OF ACCESSIBLE STORAGE DURING THE SHOW.
9. I HAVE SPECIAL REQUIREMENTS WITH REGARDS TO MOVE OUT, PLEASE CONTACT ME! YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF APPLICABLE)
10. I WISH TO HAVE A TARGET DATE FOR MY DISPLAY \_\_\_\_\_ DAYS (BEFORE OR AFTER) MY MACHINERY TARGET DATE.

**IMPORTANT: THE FOLLOWING INFORMATION MUST BE FILLED IN  
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WE WILL UTILIZE THE FOLLOWING CARRIERS(S):

CARRIER CONTACT: \_\_\_\_\_

CARRIER PHONE: \_\_\_\_\_

YOUR SHIPPING DEPT. CONTACT: \_\_\_\_\_

SHIPPING CONTACT PHONE: \_\_\_\_\_

HOW MANY TRUCK LOADS OF DISPLAY WILL BE SHIPPED: \_\_\_\_\_

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