

Medicaid Drug Rebate Program

Exhibitor Shipment Tracking Form

Deadline: October 5th

Please provide the information below so that show management can have a record of your packages being delivered to the event. Should an issue or delay arise we will try to expedite on-site delivery to you.

Company Name: _____

of boxes: _____

Contents:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Carrier: _____

Tracking #:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Date Shipped: _____

Delivery Date: _____

Please email this form to Meghan Gemmell, Senior Operations Coordinator at Meghan.Gemmell@informa.com.