

CUSTOMS INFORMATION FORM

NAME OF CONFERENCE:

CONFERENCE DATE:

CONFERENCE LOCATION:

COMPANY NAME OF SHIPPER:

SHIPPER CONTACT NAME:

SHIPPER'S ADDRESS:

SHIPPER'S PHONE AND FAX #:

SHIPMENTS WILL BE DELIVERED TO LASER VIA:

TRACKING NUMBER:

PLEASE INDICATE BY ASTERISK (*), WHICH ITEMS WILL BE RETURNING TO THE U.S.

	BOX/CONTENTS (DETAILED DESCRIPTION, WEIGHT AND SERIAL #'S)	\$ VALUE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

TOTAL # OF BOXES: _____

TOTAL \$VALUE: _____