Move-Out Verification Form

Required for all exhibitors | To be completed by the exhibitor's authorized representative

Company Name: _____

Booth/Tabletop Number: _____

Primary Exhibitor Contact: _____

Email Address: _____

Onsite Cell Phone: _____

Section 1: Booth Teardown Verification

1. Date of teardown: _____

2. Teardown start time: _____

    **Teardown start time may not be before XXX.

3. Name of vendor/company responsible for teardown: _____

4. Name of individual responsible for teardown: _____

5. Phone number of individual responsible for teardown: _____

Section 2: Outgoing Packages & Shipping Documentation

All exhibitors are responsible for properly arranging and documenting the removal and shipment of their materials at the conclusion of the conference.

1. Are you shipping materials out at the conclusion of the conference?

- Yes
- No

2. Shipping/freight company: _____

3. Shipping account holder/company: _____

4. Number of outgoing packages: _____

5. Number of pallets (if applicable): _____

6. Shipping destination: _____

7. Scheduled pickup date and time: _____

8. Have all outgoing packages been properly labeled with shipping labels and the required handling documentation?

- Yes
- No

9. Upload proof of outgoing shipment arrangements.

File upload: Shipping labels, completed outbound material handling form, bill of lading, or carrier pickup confirmation

10. Has the shipping/freight company confirmed pickup arrangements?

- Yes
- No

Section 3: Final Exhibitor Acknowledgment

Please review and acknowledge the following:

- I have properly arranged for the removal and shipment of all outgoing materials.
- I have provided accurate third-party vendor and contractor contact information, where applicable.
- I understand that my company is responsible for ensuring all materials are removed from the exhibit space by the required deadline.
- I understand that any additional costs associated with abandoned materials, late teardown, or improper shipping arrangements are the responsibility of my company, subject to applicable conference and venue policies.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____