



INVOICE

BILL TO:

AIRWAYS FREIGHT CORPORATION
3849 W WEDINGTON DRIVE
FAYETTEVILLE, AR 72702

INVOICE DATE: 10/22/2024**INVOICE #:** B61951**TERMS:** NET 30**DUE DATE:** 11/22/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/18/2024		1 International Dr, Savannah, GA 31421, USA - 800 Albion Ave, Schaumburg, IL 60193, USA			
		Freight Income	1	\$1,600.00	\$1,600.00

TOTAL


\$1,600.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS)
and all payments hereunder are to be directed to the assignee at the address noted below.

Remittances to other than CFS do not constitute payment of this invoice. CFS must be given
notification of any claims, agreements or merchandise returns which would affect the payment
of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC**P.O.BOX 205154****DALLAS, TX 75320-5154****Tel: 844-899-8092**

 <p style="text-align: center;">NATIONWIDE 800-643-3525 479-442-6301 www.airwaysfreight.com FAX 479-442-6522</p>		<p style="text-align: center;">RATE CONFIRMATION</p> <p>Airway Bill# 1376301</p> <p>Pickup Date: 10/18/24 0800-1100</p> <p>Delivery Date: 10/22/24 0700 1200</p>					
FROM (Pickup Location)		TO (Delivery Location)					
SAVANNAH INTL CONV CTR 1 INTERNATIONAL DR SAVANNAH GA 31402		3D EXHIBITS 800 ALBION AVE ATTN: RAY JOHNSON SCHAUMBURG IL 60193 * MUST CALL RAY @ 630-644-5136* * FOR DELIVERY APPOINTMENT!!! * ***** NO EXCEPTIONS *****					
Pickup Instructions		Delivery Instructions					
PICK UP ON 10/18 ASAP AT SHIPPER CHECK IN AS AIRWAYS REF SHOW NAME AANEM REF B#222 REF EXHIBITOR UCB EXCLUSIVE TRUCKLOAD SERVICE REQUIRED		DELIVER BY 10/22 0700/1200 AT RECEIVER CHECK IN AS AIRWAYS ER SHOW NAME AANEM REF B#222 REF EXHIBITOR UCB EXCLUSIVE TRUCKLOAD SERVICE REQUIRED					
BILL TO DO NOT DELIVER HERE		Rate Confirmation: \$1600.00					
AIRWAYS FREIGHT CORP PO BOX 1888 DO NOT DELIVER HERE FAYETTEVILLE AR 72702 Email to: AP@airwaysfreight.com		THE AGREED RATE IS TO PICK UP AND DELIVER WITHIN THE TIME CONSTRAINTS LISTED ON THIS RATE CON AND IN AGREEMENT WITH RT BRZ DISPATCH 086875 Driver: Single Truck type: Dry Van Load type: Exclusive					
Terms & Conditions							
-Any issues (i.e. delays, breakdowns, accidents, differences in addresses, changes in pieces and weight, etc) must be called into Airways Freight immediately at 800/643-3525 (this number is answered 24/7) and reference our Airways Bill number. -Any accessorial charges (waiting time, hand load/offload, lift gate, TONU fees, etc) must be approved before they are completed. -Detention Policy: 2 Hours Free Time, \$40 per hour thereafter unless approved ahead of time by operations. 30-minute notice required to Airways at 800/643/3525 -Payment Policy: To receive payment for services performed, an invoice along with an accompanying signed POD must be provided to AP@airwaysfreight.com prompt tly after delivery. Theses documents must be received within 30 days of delivery. -Any double brokering is a breach of this contract and can result in non-payment. -Tracking updates can be sent to tracking@airwaysfreight.com -Equipment must be clean, dry, and odor-free and you must have at least 2 load straps or bars to secure the freight. -Failure to perform as outlined by this agreement may result in a thirty percent rate reduction.							
GROUP	COUNT	COMMODITY	TYPE BOX	LENGTH	WIDTH	HEIGHT	WEIGHT
DISPLAY							
Total Pieces				Total Weight			
Dispatcher in agreement signature: <i>Steve Tatum</i> Date: 10/18/2024 Time:							

MHA # 353904

PRESS HARD YOU ARE MAKING 5 COPIES!

RCV'D

Date Time

BY



**SHEPARD EXPOSITION SERVICES
MATERIAL HANDLING AUTHORIZATION
AND TRANSPORTATION AGREEMENT**

PLACE PRO # HERE

PLEASE RETURN COMPLETED AGREEMENT TO THE SHEPARD CUSTOMER SERVICE CENTER

Booth Number 222	Carrier AIRWAYS FREIGHT	Show AANEM Annual Meeting	On-site Cellphone 504 352 1550
FROM Exhibitor Company UCB Medical Affairs c/o 3D Exhibits		TO Consignee UCB Medical Affairs c/o 3D Exhibits - ATTN: RAY JOHNSON 630-644-5136	
Facility/Show AANEM Annual Meeting (222)		Delivery Address 800 ALBION AVE	
Facility Address Savannah International Trade & Convention Center, 1 International Drive			
City Savannah		City SCHAUMBURG	
State GA	Zip 31421	State IL	Zip 60193
		Phone/Cellphone 8472384707	
Type of service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> Other			
For Shepard Logistics customers only DECLARED VALUE (Optional) \$ _____ (Initials) _____ <small>For shipments moving air, liability will be limited to \$0.50 per pound. For shipments moving ground, excessive valuation coverage is available at exhibitor's expense at the rate of \$3.00 per \$100.00 of value declared. Minimum charge of \$72.00. Exhibitor's initials above acknowledge acceptance of these terms.</small>		SPECIAL INSTRUCTIONS Use this area to give specific pickup or delivery information	

No. Pcs.	Description of articles	Weight	Checker	Exceptions	
5	CRATES	2,500	LB'S	6 CRATES	Checker
	CARTONS			4 SKIDS	Start time
	CARPETS			1 METAL SKID	Finish time
	PADS			11 PCS	Operator
	CASES				Trailer
6	SKIDS	1,400	LB'S	CRATES 24-08 & 24-	Cause
	MACHINERY			GI Damaged	Action
	HANGING SIGN (Carton/Crate/Case) *circle one			CONTENT SUBJECT TO FURTHER INSPECTION	Name
					Date & Time
11	TOTAL	4,300	LB'S	10/21/24 B	

In the event your designated carrier fails to show by 20:00 on 10/17/2024, please select an option:

☐ Reroute via carrier designated by Shepard

☒ Deliver to local warehouse at exhibitor expense (minimum \$1500)

Signature Richard Menia

Reroute via _____ by _____

Date 10/21/24 Time 1:50

AUTHORIZATION FOR SERVICES IMPORTANT! PLEASE READ CAREFULLY
 You are entering into a contract which defines the respective responsibilities and Liabilities of The Parties. Terms and Conditions of the contract are provided with this form. Charges for transportation services provided by Shepard Exposition Services shall be billed to the credit card on file:
 Type of card Visa ending in 9523 (last 4 digits). Shipper's signature indicates authorization for services, correctness of above information and receipt of and agreement to the Terms and Conditions of Contract.

Shipper (print)
RICHARD MENIA

Signature Ray Johnson Date 10/17/24

Fr. Charges Collect ☐ Charges Prepaid ☐ Bill To: ↓

Exhibitor Company Name
UCB Medical Affairs c/o 3D Exhibits

Billing Address
1

City - State **WW** Zip **00000**

NOTE: ADDITIONAL FREIGHT CHARGES MAY APPLY DUE TO FUEL SURCHARGES AND DELIVERY REQUIREMENTS

Above listed articles received in good condition. Except as noted.

Carrier Name (print) Freight

Driver (print) Yadiv Hernandez

Driver cellphone # 786-832-6380

Signature Ray Johnson Date 10/19/24 Time 1:50

ATLANTA (404) 720-8600

BALTIMORE (410) 737-9270

HOUSTON (832) 799-5700

LAS VEGAS (702) 507-5273

ORLANDO (407) 833-9563