CHESS User Shipping Form

Ship to address:

Name: _____

Phone #: _____

Institution: _____

Address: _____
(Include Dept./Floor/Suite or Room #)

Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Ship via:

FedEx

[ ] Overnight (Priority)
[ ] Overnight (Standard)
[ ] 2-Day

Airborne

[ ] Overnight
[ ] 2-Day

UPS

[ ] Next-Day Air
[ ] Regular Air (3 days)
[ ] Ground

Method of payment:

[ ] UPS [ ] Carrier account: _____

[ ] Fedex [ ] Carrier account: _____

Shipment must arrive by: _____

Insurance: [ ] none
[ ] declare $_____

Weight of Package:_____

Dimensions: _____**L X** _____ **H X** _____**W**

Contents of Package (if Hazardous must speak directly with shipping & receiving before shipping):

_____

_____

If Shipping a Dewar:	**Additional Shipping Comments:**
[ ] Dewar is Dry [ ] Dewar needs to be emptied [ ] Dewar must be shipped w/Liquid Nitrogen	

Name of Person Completing Form:_____

Date:_____