

# CHES 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:**

- Pre-paid       Carrier account: \_\_\_\_\_
- Credit Card Type of Card (VI, MC, DS) \_\_\_\_\_ Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_
- CHES Proposal #: \_\_\_\_\_
- Use Own Shipping Form attached

**Shipment must arrive by:** \_\_\_\_\_

**Weight of Package:** \_\_\_\_\_

**Insurance:**  none  
 declare \$ \_\_\_\_\_

**Dimensions:** \_\_\_\_\_ L X \_\_\_\_\_ H X \_\_\_\_\_ W

Contents of Package (if Hazardous please contact Kathy Dedrick before shipping):

\_\_\_\_\_  
\_\_\_\_\_

<p><b>If Shipping a Dewar:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Dewar is Dry</li><li><input type="checkbox"/> Dewar needs to be emptied</li><li><input type="checkbox"/> Dewar must be shipped w/Liquid Nitrogen</li></ul>	<p><b>Additional Shipping Comments:</b></p>
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Name of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_