

MITIE[™] Shipping Information Protocol

NAME OF EVENT: _____

DATE OF EVENT: _____

PRODUCT ARRIVAL DATES: _____

SET UP DATE AND TIME: _____

INCOMING PRODUCT:

1. Product must arrive at least one day prior to the day of the event unless otherwise specified and cleared through MITIESM.
2. A detailed list of the product(s) being shipped must be provided prior to its arrival along with the name(s) of the company representative(s) that will be on site for the set-up.
3. The number of boxes shipped must be clearly noted on the product list.

OUTGOING PRODUCT:

1. Lab break down and shipping preparations will be completed by representative(s) of respective companies unless otherwise cleared through Director of MITIE. Please have all packages taped, boxed and labeled with FedEx, UPS or other shipping labels. Please note that each package must have a shipping label to be sent out of The Methodist Hospital. **PLEASE BRING SHIPPING LABELS WITH YOU, THEY ARE NOT PROVIDED BY MITIE OR THE METHODIST HOSPITAL.**
2. If you are providing your own shipping company, the delivery and pick up of your product(s) must be scheduled through MITIE.
3. We are not responsible for the timing with which product is shipped out of The Methodist Hospital. If you have product that has to be shipped out immediately, please arrange your own pick up with FedEx, UPS or other shipping providers. Please make sure to have a representative of your company available at the appropriate time to meet the shipping company. This will also need to be scheduled through MITIE for access to the lab facility or hospital loading dock.

SHIPPING:

It is extremely important that your shipping label(s) include all of the following for deliveries to MITIE. If you do not include all information, you may jeopardize the timely arrival of your product for set-up in the facility.

PHYSICAL ADDRESS

The Methodist Institute for Technology, Innovation and Education (MITIESM)
6670 Bertner Avenue
5th Floor
Houston, Texas 77030

SHIPPING ADDRESS

MITIE

Attention: _____

6670 Bertner Ave, 5th Floor
Houston, Texas 77030

Name of Event: _____

Company Name: _____

Company Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

On-Site Contact Name: _____

On-Site Contact Phone: _____

On-Site Contact E-mail: _____

Name(s) of On-Site Representatives for Set-Up:

Name(s) of On-Site Representatives Attending Course:

Product Information (Please list below in detail or attach a spreadsheet)

Total Product (monetary) Value:

Product Information (Please list below <u>in detail</u> or attach a spreadsheet)	Total Product (monetary) Value:

Scheduled Delivery Date/Time: _____

Method of Shipping (FedEx, UPS, etc...): _____

If using other shipper, please list name: _____

Total number of boxes being delivered: _____

Is this product to be returned or will it be disposed of?

Product is to be returned after the activity.

Product may be disposed of after the activity.

E-mail this form to _____@_____.

If you have any questions, please call 713.441.7912