

| Your Name: | | | | | Email | | | |
|-----------------------|---|----------------------|-----------|-----------------|-----------------|---------------|--|------------|
| Name of your Advisor: | | | | | KFS Account: | | | |
| Business purp | oose of m | ailing: | | | | | | |
| DESTINATION | N | | | | | | | |
| Conta | ct Name: | | | | | | | |
| Phone | | | | | | | | |
| Comp | any Name | | | | | | | |
| Addre | ess: | | | | | | | |
| City: | | | | Sta | ite: | | Zip Code: | |
| SERVICE | <u>_</u> | EXPRESS DELIVERY | | | | GROUI | ND DELIVERY | |
| | I | Priority Overi | | Standard Ground | | | | |
| | 9 | Standard Overnight | | | | Express Saver | | |
| | 2 | 2 Day Express | | | | | | |
| PACKAGING | (FedEx EXPRESS packaging available in Aero mailroom or use your own for GROUND) | | | | | | | |
| | Express | Express Envelope Exp | | | ress Padded Pak | | Express Sturdy Pak | |
| | Other: | | | | | | | |
| Own Box: Le | | gth (in) | Widt | h (in) |) Heigh | | Weight | |
| Label needed | l by: Date | <u>.</u> | Time | | | | | |
| l will d | drop the p | oackage off a | t a FedEx | (Office | | | | |
| | | | | | | | pick up must be drop or special requests. | ped at the |
| Send complete | ed form to | Rachel Tucke | r @ rdtuc | :ker@umd.e | edu | | | |