



DELIVER TO:

**C/- DENTAL EXPO – MAIN LOADING BAY
ANZ VIADUCT EVENTS CENTRE
161 HALSEY STREET
AUCKLAND
NEW ZEALAND**

Attention to:

<<Your Name>>
<<Stand Number and Name>>
<<Hall Number>>
<<Contact Mobile phone number>>

Arrival on [INSERT DATE]

DESCRIPTION OF CONTENTS:

SENDERS INFORMATION:

<<Company>>
<<Stand Number>>
<<Your Company Contact name>>
<<Address>>
<<Mobile Phone number>>

TOTAL BOXES SENT _____

BOX _____ OF _____