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| **Sender**  Name: | **DELIVERY ADDRESS** | | |  | | |
| Dunedin Centre | Company Name: | | |  | | |
| 1 Harrop Street | Contact Person: | | |  | | |
| Dunedin | Contact Phone Number: | | |  | | |
| New Zealand |  | | |  | | |
|  |  | | |  | | |
| **DELIVERY FROM DUNEDIN CENTRE** | | | | | | |
| **Event Name:** | | **2WALKandCYCLE 2021** | | | | |
| **Event Date:** | |  | | | | |
|  | | | | | | |
| **Venue:** | | **The Dunedin Centre** | | |  | |
|  | | | | | | |
| **Exhibition Booth #:** | |  | | | | |
|  | | | | | | |
| **Box Number \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_** | | |  | | |  |
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| Couriers: Please check in at reception upon arrival | | | | | | |
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