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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 \_\_\_\_\_\_\_\_\_** |  |  |
|  |
|  |
| Couriers: Please check in at reception upon arrival |
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