

DELIVERY LABEL

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NAME OF EVENT: HIMSS ME UAE EHEALTH WEEK (DUBAI)

EVENT DATES: 9-10 DECEMBER 2015

STAND NUMBER & EXHIBITING NAME

Stand No: _____

Exhibiting Name: _____

ON-SITE CONTACT NAME & PHONE NUMBER

Recipient's Name: _____

Contact Number: _____

No. of items in shipment: _____