





## **DELIVERY LABEL**

## **DELIVERY ADDRESS**

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## **CONTACT INFORMATION:**

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NAME OF EVENT:	HIMSS UAE eHEALTH WEEK
EVENT DATE:	31 October – 1 November 2016
воотн по.	
EXHIBITING NAME:	
ON-SITE RECIPIENT NAME:	
CONTACT NO.	
NO. OF SHIPMENTS:	

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