



FROM:



TO:

FULL EXHIBITING COMPANY NAME AT SHOW

American Association of Oral & Maxillofacial Surgeons

NAME OF EXHIBITION

0220600227

BOOTH NUMBER

C/O GES

**Hawaii Convention Center, Halls I, II & III
1801 Kalakaua Ave
Honolulu, HI 96815 USA**

SHIPMENT SHOULD ARRIVE ON OR BETWEEN:

Monday, Sep 8, 2014 after 8:00 AM - Tuesday, Sep 9, 2014 by 2:30 PM

CERTIFIED WEIGHT TICKETS ARE REQUIRED FOR ALL SHIPMENTS. Drivers must check in by 2:00 PM to be guaranteed same day unloading. In the event of weight discrepancies or shipments received without a certified weight certificate, a \$ 21.00 fee will be charged per shipment.

Carrier _____
Number _____ of _____ pieces



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