

**LABEL for Shipment via advance warehouse**

 **Please print it in color**

|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Exhibition goods**  |
| **Number of pieces:** |  |
| **Weight:**  |  |

**To be delivered to:**

Merkur Expo Logistics GmbH

Im Steinigen Graben 7

63571 Gelnhausen

Germany
Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LABEL for Shipment via advance warehouse**

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|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Industry items (bag insert, flyer, etc)** |
| **Number of pieces:** |  |
| **Weight:**  |  |

**To be delivered to:**

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63571 Gelnhausen

Germany
Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LABEL for Shipment via advance warehouse**

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|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Surgical demos** |
| **Number of pieces:** |  |
| **Weight:**  |  |

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63571 Gelnhausen

Germany
Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LABEL for Shipment Direct to venue**

 **Please print it in color**

|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Exhibition goods**  |
| **Number of pieces:** |  |
| **Weight:**  |  |

**Deliver to Merkur expo logistics**

Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stand number

**LABEL for Shipment Direct to venue**

 **Please print it in color**

|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Industry items (flyers, bag insert, etc)** |
| **Number of pieces:** |  |
| **Weight:**  |  |

**Deliver to: Merkur Expo logistics**

Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stand number

**LABEL for Shipment Direct to Venue**

 **Please print it in color**

|  |  |
| --- | --- |
| **Shipper Name/ Address:** |  |
| **Booth Number/Exhibitor:**  |  |
| **Type of shipment**  | **Surgical demos** |
| **Number of pieces:** |  |
| **Weight:**  |  |

**Deliver to: Merkur expo logistics**Notify:

Congress name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stand number