

DIRECT TO SHOW SITE SHIPPING LABEL

American Association of Oral and Maxillofacial Surgeons
91st Annual Meeting, Scientific Sessions and Exhibition

EXHIBIT SHIPMENT FOR SHOW SITE DELIVERY

SHIPPER: _____
(Name of Company where shipment originates.)

TO: _____
(Name of your exhibiting Company at the show.)

BOOTH NUMBER: _____
(Your booth number at the show.)

c/o: GES CANADA/AAOMS
Metro Toronto Convention Centre
North Building,
255 Front Street West
Toronto, Ontario, Canada
M5V 2W6

CARRIER: _____
(Name of your Transportation Company)

NUMBER **OF** **PIECES**

DIRECT TO SHOW SITE SHIPMENTS TO ARRIVE ON:

October 13 & 14, 2009