

DELIVERY ADDRESS

SENDER

Dunedin Centre

1 Harrop Street

Dunedin

New Zealand

Company Name _____

Contact Person _____

Contact Phone Number _____

EVENT MANAGERS NAME _____

EVENT NAME _____

EVENT DATE _____

VENUE _____

BOOTH NUMBER _____

BOX NUMBER _____ **OF** _____

COURIERS: Please check in at reception upon arrival

dunedin
venues