

TO: DELIVERY DETAILS

**Endeavour Business
Services
46 Matilda Street
BURLEIGH HEADS QLD 4220**

Box Number _____ of _____

Weight of this Box/Item: _____

FROM: SENDER DETAILS

Company Name: _____

Address: _____

Contact Person: _____

Phone No: _____

Mobile No: _____

SATCHEL INSERT DELIVERY CARTNOTE

Event Name: **HAA 2007 ASM** || **SATCHEL INSERT: YES**

Event Date: **14 – 17 October 2007**

Contact **John Hardcastle, Production Foreman**

EXHIBITOR/SUPPLIER: _____

Contact person for queries _____ Mobile No: _____

Any special care/handling instructions: _____

GOODS MUST BE DELIVERED BY FRIDAY 7 OCTOBER 2007