

HEALTHCARE WASTE

DIRECT SHIPMENT

TO: _____

COMPANY NAME

WASTE EXPO/HEALTHCARE WASTE 2020

NAME OF EXHIBITION

BOOTH #

C/O GES

Ernest N. Morial Convention Center

101 HENDERSON ST.

NEW ORLEANS, LA. 70130

SHIPMENT SHOULD ARRIVE BETWEEN:
AUGUST 06, 2020, AND AUGUST 10TH

CARRIER _____

NUMBER _____ OF _____ PIECES _____



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