

**ADVANCE SHIPPING LABEL**

**ADVANCE SHIPPING LABEL**

**FROM:**

**FROM:**

**TO:** \_\_\_\_\_  
EXHIBITING COMPANY

**TO:** \_\_\_\_\_  
EXHIBITING COMPANY

**IMS Expo**  
NAME OF EXHIBITION

**IMS Expo**  
NAME OF EXHIBITION

\_\_\_\_\_  
BOOTH NUMBER

\_\_\_\_\_  
BOOTH NUMBER

**C/O TEAMWORK  
Clover Systems Inc  
1910 NW 97th Ave  
Miami, FL 33172  
Phone: 305.592.4300**

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Phone: 305.592.4300**

*MUST BE RECEIVED BY:  
January 19, 2007 at 4:30PM*

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January 19, 2007 at 4:30PM*

Number \_\_\_\_\_ of \_\_\_\_\_ pieces

Number \_\_\_\_\_ of \_\_\_\_\_ pieces



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