

F R E E M A N

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R U S H

DO NOT DELAY

CANNOT DELIVER BEFORE JANUARY 10, 2020

TO: _____
EXHIBITOR NAME

C/O: FREEMAN
CHI HEALTH CENTER OMAHA
455 N 10TH ST

OMAHA, NE 68102

SHOW SITE

EVENT: AM BUS ASSN - MARKETPLACE 2020

BOOTH NO: _____ NO. _____ OF _____ PCS

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THE ABOVE LABELS ARE PROVIDED FOR YOUR CONVENIENCE.
PLACE ONE ON EACH PIECE SHIPPED TO ENSURE PROPER DELIVERY.
IF MORE LABELS ARE NEEDED, COPIES ARE ACCEPTABLE.