

H HEALTHCARE WASTE

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DIRECT SHIPMENT

TO: _____
COMPANY NAME

WASTE 2025
NAME OF EXHIBITION

HEALTHCARE WASTE
BOOTH #

C/O GES
Las Vegas Convention Center
3150 PARADISE ROAD
LAS VEGAS, NEVADA 89109

SHIPMENT SHOULD ARRIVE BETWEEN:
MAY 01, 2025 AND MAY 05, 2025

CARRIER _____

NUMBER _____ OF _____ PIECES _____



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MAY 01, 2024 AND MAY 05, 2025

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