**BMUS Ultrasound 2023**

**SHIPPING FORM**

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| **Deliver to** | York RacecourseKnavesmire RoadYorkYO23 1EX |
| **Event Name** | **ULTRASOUND 2023 – THE BMUS ASM** |
| **Date of event** | **Tuesday 6th – Thursday 8th December 2023** |
| **Room name** | **BMUS Organiser’s Office**  |
| **Exhibitor name** | ***[Insert Company Name here] & {Stand No]*** |
| **Exhibitor contact** | ***[Insert Contact Name here]*** |
| **Exhibitor contactnumber** | ***[Insert Contact number]*** |
| **Courier company** | ***[Insert name of Courier company]*** |
| **Description of items being delivered:** | ***[Insert description of items enclosed]*** |
| **Number of boxes** | **Box of** |