DELIVERY TO	VENUE	et	c.venues		
To: etc.venues St. Paul's, 1 st Floor 200 Aldersgate,	FAO Your Representative's na	me			
London, EC1A 4HD EC1A 7EE (North loading bay)	Your Telephone Number:				
Tel: +44 (0) 203 735 7700	Your Company Name				
Your Events Manager's name: Sofani Sisay		ltem(s)	OF		
NAME AND DATE OF EVENT					

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COLLECT F	ROM VEN	NUE	etc	venues
TO: (Contact Person):				
Company Name:				
Address:				
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Country, Post code:				
Phone number:				
Collection date:				
Courier reference:		ľ	tem(s)	OF
NAME AND DATE OF EVENT				
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COLLECT I	FROM VENUE	etc	venues	
TO: (Contact Person):				
Company Name:				
Address:				
Country, Post code:				
Phone number:				
Collection date:				
Courier reference:		ltem(s)	OF	
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