



Delivery Label

Please provide this template to all Exhibitors to be attached to all deliveries:

| Deliver to: Event Area Via | | |
|--|---------------|------------------------|
| Adelaide Showground Wayville SA 5034 | | Adelaide Showground |
| Event Name:Adelaide WorkAbility Expo | * WorkAbility | |
| Venue Name: (Name of Pavilion)Goyder Sou | uth | |
| Date of Event:29th April 2025 | | |
| Do Not Deliver Before:28th April 2025 | | |
| Organiser Contact Name:Mathew Botten | | |
| Organiser Contact Mobile:0455 038 737 | | |
| Exhibitor Name: | | |
| Exhibitor Contact Number: | | |
| | BOX NUMBER | OF |