

**F R E E M A N**  
**ARTHROSCOPY SKILLS SESSION**

**YELLOW**

**MUST DELIVER BY JUNE 8, 2017**

TO COMPANY NAME: \_\_\_\_\_

LAB NAME: \_\_\_\_\_ LAB DATE: \_\_\_\_\_

ONSITE CONTACT NAME: \_\_\_\_\_

C/O **FREEMAN**  
**6060 NANCY RIDGE DR**  
**SUITE C**  
**SAN DIEGO, CA 92121**

**WAREHOUSE**

EVENT: SAN DIEGO SHOULDER 34TH ANNUAL COURSE

STATION NO: \_\_\_\_\_ NO. \_\_\_\_\_ OF \_\_\_\_\_ PIECES

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.

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**C/O FREEMAN  
SAN DIEGO HILTON BAYFRONT  
ONE PARK BLVD  
SAN DIEGO, CA 92101**

**SHOW SITE**

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