INTERNATIONAL HEALTH SERVICE - *SHIPPING FORM*

(***Make extra copies as needed***)

1. Please print clearly ! If you deliver this box/tub to the IHS folks, securely attach form to the side of the box/tub (duct tape) so all entries are clearly visible. If mailing box/tub to the address below, place in an envelope marked "Inventory" and securely attach it to the side.

2. **NOTE: All boxes/tubs must be delivered or sent to arrive no later than December 20 to: IHS, c/o Anchor Scientific Inc., 480 Tamarack Ave., Long Lake, MN 55356.**

3. **If you live in the Metro area and it would be more convenient for you to drop off your box/tub in the Minneapolis/St. Paul area, please contact Steve Rice to arrange for an alternate drop-off location: 651-698-2775 or cabrinidad@aol.com.**

4. **After December 20,** contact Steve for information on how, where and if you can drop off your box/tub.

========== **cut here**==========

Name:	**Team:**

Place check mark:

_____ **DO NOT OPEN** (Put in large print on top of container) _____**OPEN** (Materials for all teams)

Contents: _____PERSONAL _____MEDICAL _____DENTAL _____PHARMACY

_____ ENGINEERING _____COMMUNICATIONS _____ EYE CARE _____OTHER

WEIGHT _____ LENGTH _____(Inches) WIDTH _____(Inches)
HEIGHT _____ (Inches)

QUANTITY	DESCRIPTION

FOR OFFICE USE ONLY: BOX NUMBER: _____