Courier Service Label

Pick Up Location:

___ Evanston Campus
   Silverman 4704
___ CMRC
   Front Desk Security
___ Chicago Campus
   Olson 8524

Sender (all information required):
Name:_______________________
Phone:_______________________
Lab or Facility:)_______________

Drop Off Location:

___ Evanston Campus
   Silverman 4704
___ CMRC
   Front Desk Security
___ Chicago Campus
   Olson 8524

Receiver (all information required):
Name:_______________________
Phone:_______________________
Lab or Facility:)_______________

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