## WILLIAM F SLAGLE DENTAL MEETING ELECTRICAL EXHIBIT REQUEST

Name of Exhibit Company			
Contact Person			
Address			_
City	State	Zip	Telephone
Ordered by	Date Ord	lered	Date Needed
Booth Number to be supplied Meeting	to the convention	n services by	the William F Slagle Dental
Signature			Date
If you have need of other contact the Hilton Hotel and Services for electricity to th wiring. All wiring and electime and materials basis. I current, etc. is the exhibitor Slagle Dental Meeting will b	special request give them a one e booth do not in trical work on e Proper tagging on r's responsibility	s for electrones advantage of the connection of	necting equipment or special display will be charged on a to indicate voltage, phase, the hotel nor the William Fuges.
	SINGLE PHASE	OUTLETS	<b>S</b>
	110V/20 A	MPS	
	110V QUAD	BOXES	
RETURN FORM TO:	Universit College o 875 Union		