## WILLIAM F SLAGLE DENTAL MEETING ELECTRICAL EXHIBIT REQUEST

Name of Exhibit Company			
Contact Person			
Address			
City	State	Zip	Telephone
Ordered by	Date Ordered		Date Needed
Booth Number to be supplied Meeting	to the conventio	n services by	the William F Slagle Dental
Signature			Date
circle below the electrical or of power will be included in If you have need of other contact the Hilton Hotel and Services for electricity to the wiring. All wiring and electime and materials basis. Fourrent, etc. is the exhibitor Slagle Dental Meeting will be Please circle.	your booth pay special reques give them a one e booth do not i trical work on o Proper tagging or's responsibility	ment of \$70 ts for electro-week advantage connection in the connection is a connection in the connection in the connection is a connection in the connection in the connection in the connection is a connection in the connection i	00.00 (Early Bird - \$650.00). ricity, you must personally nee notice.  decting equipment or special lisplay will be charged on a t to indicate voltage, phase, the hotel nor the William Fages.
	SINGLE PHASE	E OUTLETS	<u> </u>
	110V/20 A	AMPS	
	110V QUAD	BOXES	
RETURN FORM TO:	Universit College o 875 Unio	,	ce of Clinical Affairs see, Memphis C209