

# ELECTRICAL REQUEST FORM

CONVENTION/GROUP NAME: \_\_\_\_\_

DATES ELECTRICAL NEEDED: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

BOOTH NUMBER: \_\_\_\_\_

**VENDOR CONTACT INFORMATION:**

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE FAX THIS FORM TO GAIL JACKSON AT 662-325-5433  
MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO VENDOR SET UP.