Amway Grand Plaza Hotel
Exhibitor Service Request Form
For
National Gypsy Moth Association

Exhibitor:_____Location:_____

Booth Number:_____ Total # Days:_____

Start Date:_____ Start Time:_____ End Date:_____End Time:_____

I. Electric Power

Quantity	Item	
_____	110 Volt Outlet	_____
_____	Extension Cord	_____
_____	208 Volt Sgl. Phase 30 Amp Max	_____
_____	Grey Box (3x20Amp circuit)	_____
_____	220 Volt 3 Phase 30 Amp Max	_____
_____	220 Volt 3 Phase 50 Amp Max*	_____
_____	220 Volt 3 Phase 100 Amp Max*	_____

II. Telecommunications

_____	Analog Computer Line*	_____
_____	High Speed Access*	_____

III. Audio Visual Equipment

_____	27" TV/VCR Combination	_____
_____	LCD Data Projector Combination*	_____

Please contact Convention Manager for further information and availability.

IV. Daily Requirements Cost (total from I, II and III) _____

Number of Days Required: **X** _____

Sub Total _____

Sales Tax _____

Set Up/Tear Down Fee _____

Grand Total _____

- - - - - - - - - - - -DO NOT COMPLETE INFORMATION BELOW - - - - - - - - - - - -
- - - -FORWARD COMPLETED FORM PER INFORMATION BELOW - - - -

IV. Payment Instructions

Organization: National Gypsy Moth Management Board

Authorized by: John P. Hill

Signature:_____Date:_____

Telephone: 231-922-5210

Check in advance (Payable to Amway Grand Plaza Hotel):#_____

Credit Card Number:_____

Expiration Date:_____

V. Return Completed Form to: Michigan Dept. of Agriculture
AGMR Registration
701 S. Elmwood, Ste. 9
Traverse City, MI 49684
Phone: 231-922-5210 Fax: 231-922-5236