

# DOVER DOWNS<sup>®</sup>

HOTEL & CASINO

Delaware Healthcare Facilities Association  
CONFERENCE  
SEPTEMBER 19, 2019

**BOOTH UTILITIES ORDER FORM (ORDER DEADLINE: 9/9/19)**

Exhibiting Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Booth Number: \_\_\_\_\_

**UTILITIES NEEDED:**

A. Electric  
110V \_\_\_\_\_ #Outlets: \_\_\_\_\_ Date(s) Needed \_\_\_\_\_ Fee: \$50 per day/outlet

**PAYMENT:**

<input type="checkbox"/>	American Express	<input type="checkbox"/>	VISA	<input type="checkbox"/>	Discover	<input type="checkbox"/>	Mastercard
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Authorization has been given to debit the account of the following company.  
Please process the account as needed.

Company Name: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Credit Card Expiration Date: \_\_\_\_\_  
Authorization Amount: \$ \_\_\_\_\_  
Authorized Name (printed): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**RETURN ORDER FORM BY September 9, 2019 TO:**

**Patty Dail – Convention Services Manager – Dover Downs Hotel**  
**Phone: 302-857-2105 Fax: 302-857-2198 Email: Pdail@doverdowns.com**