

**VENDOR/EXHIBITOR REQUEST FORM**

**RETURN TO Lynne M. Grant – [lgrant@sandpearl.com](mailto:lgrant@sandpearl.com)  
(727) 674-4123 or Fax: (727) 674-4110**

**TYPE OF SERVICE:**

- **Electrical – Specific Needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Phone \$125.00 & cost of calls** \_\_\_\_\_
- **High Speed Internet \$225.00** \_\_\_\_\_ **- for one connection /**
  - **\$75 for each additional connection**

**GROUP NAME:**

**ROOM NAME/SPECIFIC LOCATION:**

**DATE(S) OF SERVICE:**

**CONNECT DAY/DATE:**

**DISCONNECT DAY/DATE:**

**TYPE OF SERVICE:**

**TOTAL NUMBER OF LINES:**

**APPLICABLE CHARGES:**

**BILLING METHOD: See Below**

**NOTES:**

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

**Email address:** \_\_\_\_\_

**VENDOR CREDIT CARD NAME:** \_\_\_\_\_

**CREDIT CARD #:** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please include a copy of front & back of credit card  
cc: Accounting**