



Doctor and Vendor Application

Name of Organization or Business: _____

Contact Person: _____ Contact Cell Phone: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please check which type of booth you would like, medical services or informational booth, and provide the corresponding information.

Medical Services

No. of tables: _____ No. of chairs: _____ Electricity (yes or no): _____

Please describe your booth. (i.e. what services you will be providing): _____

Informational Booth

No. of tables: _____ No. of chairs: _____ Electricity (yes or no): _____

Please describe your booth. (i.e. what type of information you will provide): _____

Special Needs: (i.e exam rooms/private exam rooms etc) _____

How many business/organization representatives will be present? _____ Names of attending (if names are unknown at this time, we will contact you closer to date.) _____

Any other important information or questions? _____

Thanks for your participation!

Please fax to 620-227-8819; email to jerri@victoryelectric.net; or mail to Victory Electric at PO Box 1335, Dodge City KS, 67801