



Texas A&M Hotel and
Conference Center
DOUG PITCOCK '49

Vendor Order Form

Event: _____

Event Date: _____

CONTACT INFORMATION

COMPANY: _____

BOOTH #: _____

CONTACT NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Place a check next to the item & provide a description of your needs:

POWER
Description: _____

AUDIO VISUAL
Description: _____

OTHER
Description: _____

BILLING INFORMATION

Charged to guest room for: _____
AV & Trade Show Equipment

Room Number: _____

Signature: _____

Date: _____

Please Submit Form To:

KENDRA P. CLOUGH | DIRECTOR OF CONFERENCE SERVICES & CATERING
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