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| --- | --- |
| ***WYNN SECURITY LOGISTICS FORM FOR EXHIBITORS*** | |
| **Wynn Security requires your contracted truck information to gain access** | |
| **and the labor company name setting up your booth.** | |
| **We will contact the labor company to request for a crew list and provide** | |
| **them parking.** |  |
|  |  |
| **All information is required to be submitted to the following address:** | |
| [securitylogistics@wynnlasvegas.com](mailto:securitylogistics@wynnlasvegas.com) | |
| If you have any questions please email us! | |
|  |  |
| **PLEASE FILL OUT THE FOLLOWING INFORMATION:** | |
|  |  |
| **SHOW NAME :** | **MTMP Conference** |
|  |  |
| **SHOW DATES:** | **April 3-5, 2024** |
|  |  |
| **FACILITY:** | **The Wynn Convention Center** |
|  |  |
| **LOCATION/ROOMS:** | **Cristal Ballroom** |
|  |  |
| **BOOTH NUMBER:** |  |
| **CONTACT PERSON/TITLE:** |  |
|  |  |
| **PHONE NUMBER:** | |
|  |  |
| **FAX NUMBER:** |  |
|  |  |
| **EMAIL ADDRESS:** |  |
|  |  |
| **EXHIBITOR-MOVE IN DATE/TIME** | |
| **SHOW HOURS:** |  |
|  |  |
| **CONTRACTED TRUCK COMPANY NAME:** | |
| **CONTACT NAME/PHONE:** |  |
| **CONTRACTED LABOR COMPANY NAME:** | |
| **CONTACT NAME/PHONE:** |  |
|  |  |
| **MOVE OUT DATE/TIME:** |  |
| **CLEAR BY DATE/TIME:** |  |
|  |  |
|  |  |
|  |  |