



REQUEST FOR COOLANT & CHIP DRUMS FORM

Please complete this form to confirm your coolant needs and **submit by
FRIDAY, APRIL 28th, 2023**

Type of Fluid/Coolant: _____

Amount of Fluid/Coolant: _____

Date you require fluid/coolant to be delivered:

Friday, May 26th: _____ time: _____

Saturday, May 27th: _____ time: _____

Sunday, May 28th: _____ time: _____

Monday, May 29th: _____ time: _____

Will you require a refill: Yes No

of Chip Drums: _____

PLEASE PRINT CLEARLY

Company Name: _____ Contact: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Booth # _____

Please email your form to utsoi@sme.org by **Friday, April 28th, 2023.**

