

**Exhibitor Booth
Order Form**

Exhibitor: _____	Event Name: _____
Mailing Address: _____	Booth Number: _____
City, State, Zip: _____	Date of Service: _____ Time: _____
Phone: _____ Cell: _____	Contact Person: _____
Fax: _____	Email Address: _____

Please complete and return to your catering sales manager. Each Date of service requires a separate form to be completed.. A 15% Late Order Fee will be applied to all orders within 5 days of the event date. A \$75.00 delivery fee will be assessed on all orders. No outside food and beverage permitted. All prices subject to change.

<u>Item</u>	<u>Quantity</u>		<u>Price</u>		<u>Total</u>
<u>Breakfast Items</u>					
Assorted Breakfast Breads	_____ dz.	x	\$60.00	=	_____
Assorted Breakfast Pastries	_____ dz.	x	\$60.00	=	_____
Assorted Muffins	_____ dz.	x	\$60.00	=	_____
Large Butter Croissants	_____ dz.	x	\$60.00	=	_____
Seasonal Whole Fruit	_____ dz.	x	\$30.00	=	_____
Breakfast Sandwiches	_____ ea.	x	\$10.00	=	_____
Baja Breakfast Burritos	_____ ea.	x	\$10.00	=	_____
<u>Express Boxed Lunch/with Bottled Water</u>					
Chicken Caesar Wrap	_____ ea.	x	\$45.00	=	_____
Chef's Selection Vegetarian Wrap	_____ ea.	x	\$45.00	=	_____
Chef's Selection Turkey Sandwich	_____ ea.	x	\$45.00	=	_____
Chef's Selection Sandwich	_____ ea.	x	\$45.00	=	_____
Chef's Selection Salad	_____	x	\$45.00	=	_____
Grilled Vegetable Salad	_____ ea.	x	\$45.00	=	_____
<u>Crowd Favorites</u>					
Assorted Packaged Snacks	_____ ea.	x	\$60.00	=	_____
Savory, Salty & Sweet Snack Bags, Individually Packaged	_____ ea.	x	\$120.00	=	_____
Freshly Baked Cookies	_____ ea.	x	\$60.00	=	_____
Chocolate-dipped Rice Kirspies	_____ ea.	x	\$60.00	=	_____
Brownie Squares	_____ ea.	x	\$60.00	=	_____

**Exhibitor Services
Booth Order Form**

Beverages

Canned Pepsi	_____	ea.	x	\$6.00	=	_____
Canned Diet Pepsi	_____	ea.	x	\$6.00	=	_____
Canned Sierra Mist	_____	ea.	x	\$6.00	=	_____
Bottled Water	_____	ea.	x	\$6.00	=	_____
Bottled Mineral Water	_____	ea.	x	\$6.00	=	_____
Bottled Orange Juice	_____	ea.	x	\$7.00	=	_____
Bottled Apple Juice	_____	ea.	x	\$7.00	=	_____
Gatorade	_____	ea.	x	\$7.00	=	_____
Freshly Brewed Coffee	_____	gal.	x	\$99.00	=	_____
Freshly Brewed Decaf Coffee	_____	gal.	x	\$99.00	=	_____
Starbucks Bottled Frappuccino	_____	ea.	x	\$6.00	=	_____
20 lb. bag of Ice	_____	ea.	x	\$25.00	=	_____

Bar - Must be Discussed with Sales Manager

Domestic Beer 12 oz can	_____	ea	x	\$10.00	=	_____
Imported Beer 12 oz. can	_____		x	\$12.00	=	_____
Domestic Beer 24 oz.	_____	ea	x	\$15.00	=	_____
Imported Beer 24 oz.	_____		x	\$17.00	=	_____
Wine	_____	btl.	x	\$40.00	=	_____

Services and Fees

Bartender Fee	_____	ea	x	\$225.00	=	_____
Delivery Fee	_____	ea	x	\$75.00	=	_____
Attendant for 4 Hours of Service	_____	ea.	x	\$195.00	=	_____

All orders for alcohol require a Bartender Fee.

Subtotal	=	_____
Administrative fee 16%	=	_____
CA Sales Tax 10.25%	=	_____
Total	=	_____

LONG BEACH CONVENTION & ENTERTAINMENT CENTER CREDIT CARD CHARGE AUTHORIZATION REQUEST FORM

TO GUARANTEE YOUR ORDER, PLEASE COMPLETE THE REQUESTED INFORMATION AND SUBMIT TO YOUR CATERING SALES MANAGER NO LESS THAN 7 DAYS PRIOR TO YOUR EVENT. FAX: 562/499-7508 (New #)

OR

MAKE YOUR CHECK PAYABLE TO SMG FOOD AND BEVERAGE, LLC
and mail to 300 E. OCEAN BLVD., LONG BEACH CA 90802

PLEASE NOTE THAT FOOD ORDERS CANNOT BE ACCEPTED IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY

EVENT NAME:

EVENT DATE:

COMPANY
NAME:

ORDERED BY:

MAILING ADDRESS:

E-MAIL

CELL NO.

TELEPHONE NO.

FAX NO.

OPTIONS:

CHARGE MY CREDIT CARD FOR ALL CHARGES.

To comply with security measures to protect your credit card information:

Do Not enter your credit card number unless you will be faxing in this form.

If you will be emailing this form, leave credit card number blank and call your Catering Manager with the Credit Card number.

Authorize.net option: an invoice can be sent to your email address to pay by credit card, however, we may still require that your credit card be on file for day of event additions

CREDIT CARD	(please check type of card using)	VISA _____	MC _____	AMERICAN EXPRESS _____	CREDIT CARD	(please check type of card using)	VISA _____	MC _____	AMERICAN EXPRESS _____
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CARD NUMBER:

EXP. DATE

V/MC 3 DIGIT SECURITY CODE OR AMEX 4 DIGIT SECURITY CODE

CARDHOLDER'S NAME

CARDHOLDER'S BILLING ADDRESS:

PLEASE NOTE:

I UNDERSTAND THAT MY CREDIT CARD WILL BE CHARGED ACCORDING TO THE OPTION I HAVE SELECTED ABOVE. I ALSO UNDERSTAND THAT IF MY BALANCE IS NOT PAID WITHIN 30 DAYS MY CREDIT CARD MAY BE CHARGED FOR THE BALANCE.

Payment by credit card for Event charges are subject to a 3% Convenience Fee on the entire balance charged.

CARDHOLDER'S SIGNATURE

DATE

ACCOUNTING DEPT. USE ONLY

TOTAL ESTIMATED CHARGES _____ AUTHORIZATION CODE _____

DATE AUTHORIZED _____