



Exhibitor Services Booth Traffic Enhancer 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 via fax to 562.499.7532 or email it to ralvarez@longbeachcc.com. Filling out a separate form for each date of service is requested. A 15% Late Order Fee will be applied to all orders within 10 days of the show. A \$50.00 labor charge will be assessed to any orders less than \$550.00. No outside food and beverage permitted. All prices subject to change. If you have any questions please contact Rosa Alvarez, Catering Sales Coordinator at 562-499-7565

<u>Item</u>	<u>Quantity</u>	<u>Price</u>	<u>Total</u>
<u>Breakfast Items</u>			
Assorted Breakfast Breads	_____ dz. x	\$45.00	= _____
Bagels & Cream Cheese	_____ dz. x	\$45.00	= _____
Assorted Muffins	_____ dz. x	\$45.00	= _____
Large Butter Croissants	_____ dz. x	\$45.00	= _____
Assorted Doughnuts	_____ dz. x	\$45.00	= _____
Fruit and Yogurt Parfait	_____ ea. x	\$5.00	= _____
Warm Stuffed Crispy Croissant	_____ ea. x	\$9.00	= _____
Mini Breakfast Burrito	_____ ea. x	\$8.00	= _____
<u>Express Boxed Lunch</u>			
Chicken Caesar Wrap	_____ ea. x	\$25.00	= _____
California Seasonal Berry Grilled Chicken Breast Salad	_____ ea. x	\$26.00	= _____
Deli Selection:			
Chicken Pesto Sandwich	_____ ea. x	\$25.00	= _____
California Turkey Sandwich	_____ ea. x	\$25.00	= _____
Caprese Sandwich	_____ ea. x	\$24.00	= _____
Roast Beef Sandwich	_____ ea. x	\$26.00	= _____
<u>Specialty Platters (Serves 50 People)</u>			
IDomestic Cheese Platter	_____ ea. x	\$475.00	= _____
Farmers Market Fresh Sliced Fruit	_____ ea. x	\$425.00	= _____
Antipasto Platter	_____ ea. x	\$450.00	= _____
Mediterranean Style Grilled Vegetables	_____ ea. x	\$425.00	= _____
Charcuterie Board	_____ ea. x	\$500.00	= _____
<u>Beverage & Snack Equipment</u>			
*Antique Popcorn Machine (125 Servings)	_____ ea. x	\$390.00	= _____
Popcorn - Additional 125 Servings	_____ ea. x	\$200.00	= _____
Extended Service	_____ hr. x	\$48.75	= _____

*Requires an Attendant (\$195++) for 4 Hours of Service

All items are subject to a 22% taxable service charge and applicable sales tax. After receipt of this form, a Food Beverage Contract and Sales Order (s) will be sent for a signature to confirm your catering requirements



Exhibitor Services

Crowd Favorites

Gourmet Soft Pretzels	_____	dz.	x	\$46.00	=	_____
Assorted Cookies	_____	dz.	x	\$45.00	=	_____
Chocolate Covered Strawberries (Seasonal)	_____	dz.	x	\$45.00	=	_____
Ice Cream Bars (125 servings)	_____		x	\$500.00	=	_____
20 lb Bag of Ice	_____	ea.	x	\$20.00	=	_____

Beverages

Assorted Canned Pepsi Drinks (Reg & Diet)	_____	ea.	x	\$4.50	=	_____
Aquafina Bottled Water	_____	ea.	x	\$4.50	=	_____
Bottled Mineral Water	_____	ea.	x	\$4.50	=	_____
Assorted Fruit Juice	_____	ea.	x	\$5.00	=	_____
Energy Drinks (Rockstar)	_____	ea.	x	\$5.00	=	_____
Starbucks Coffee (Reg or Decaf)	_____	gal.	x	\$72.00	=	_____
Tazo Tea by Starbucks	_____	gal.	x	\$72.00	=	_____
Freshly squeezed Orange or Grapefruit Juice	_____	gal.	x	\$48.00	=	_____
Iced Tea or Lemonade	_____	gal.	x	\$45.00	=	_____
Ambient Spring Water Kit (5 gallons)	_____	ea.	x	\$95.00	=	_____
Hot and Cold Spring Water Kit (5 gallons)	_____	ea.	x	\$125.00	=	_____
Replacement Jug of Water	_____	ea.	x	\$60.00	=	_____

Bar

Domestic Beer by the Case						
Brand: _____	_____	cs.	x	\$216.00	=	_____
Imported Beer by the Case						
Brand: _____	_____	cs.	x	\$240.00	=	_____
Domestic Beer Keg						
Brand: _____	_____	cs.	x	\$750.00	=	_____
Imported Beer Keg						
Brand: _____	_____	cs.	x	\$950.00	=	_____

Services and Fees

Bartender Fee	_____	cs.	x	\$195.00	=	_____
Delivery Fee	_____	cs.	x	\$50.00	=	_____
*Requires an Attendant for 4 Hours of Service	_____	ea.	x	\$195.00	=	_____

All orders for alcohol require a Bartender Fee.

Subtotal = _____



Exhibitor Services

Special Notes:

Payment Information

Company Name: _____

Please circle type of card: Visa Mastercard American Express

Card Number: _____

3 or 4 Digit Security Code: Exp. Date: _____

Name on Card: _____

Signature: _____

Billing Address: _____

Amount : _____

Please Note:

I UNDERSTAND THAT MY CREDIT CARD WILL BE CHARGED IN FULL

Payment by credit card for Event charges in excess of \$10,000 will be subjected to a 3% convenience fee

Cardholder's Signature: _____ Date: _____