



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 562.499.7565 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 \$55.00 delivery fee will be assessed to all orders and a staffing fee may apply in certain situations. 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	\$49.75	=	_____
Bagels & Cream Cheese	_____ dz.	x	\$49.75	=	_____
Assorted Muffins	_____ dz.	x	\$49.75	=	_____
Large Butter Croissants	_____ dz.	x	\$49.75	=	_____
Assorted Doughnuts	_____ dz.	x	\$49.75	=	_____
Fruit and Yogurt	_____ ea.	x	\$5.50	=	_____
Warm Stuffed Crispy Croissant	_____ ea.	x	\$12.75	=	_____
Mini Breakfast Burrito	_____ ea.	x	\$12.00	=	_____
<u>Express Boxed Lunch</u>					
Chicken Caesar Wrap	_____ ea.	x	\$33.50	=	_____
California Seasonal Berry Grilled Chicken Breast Salad	_____ ea.	x	\$34.50	=	_____
Deli Selection:					
Chicken Pesto Sandwich	_____ ea.	x	\$34.50	=	_____
California Turkey Sandwich	_____ ea.	x	\$34.50	=	_____
Caprese Sandwich	_____ ea.	x	\$33.50	=	_____
Roast Beef Sandwich	_____ ea.	x	\$35.50	=	_____
<u>Specialty Platters (Serves 50 People)</u>					
IDomestic Cheese Platter	_____ ea.	x	\$500.00	=	_____
Farmers Market Fresh Sliced Fruit	_____ ea.	x	\$450.00	=	_____
Antipasto Platter	_____ ea.	x	\$475.00	=	_____
Mediterranean Style Grilled Vegetables	_____ ea.	x	\$450.00	=	_____
Charcuterie Board	_____ ea.	x	\$525.00	=	_____
<u>Beverage & Snack Equipment</u>					
*Antique Popcorn Machine (125 Servings)	_____ ea.	x	\$415.00	=	_____
Popcorn - Additional 125 Servings	_____ ea.	x	\$331.25	=	_____
Extended Service	_____ hr.	x	\$48.75	=	_____

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

All items are subject to a 16% 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 Sticks	_____ dz.	x	\$49.75	=	_____
Assorted Cookies	_____ dz.	x	\$49.75	=	_____
Chocolate Covered Strawberries (Seasonal)	_____ dz.	x	\$49.75	=	_____
Ice Cream Bars (125 servings)	_____	x	\$795.00	=	_____
20 lb Bag of Ice	_____ ea.	x	\$21.25	=	_____

Beverages

Assorted Canned Pepsi Drinks (Reg & Diet)	_____ ea.	x	\$4.75	=	_____
Aquafina Bottled Water	_____ ea.	x	\$4.75	=	_____
Bottled Mineral Water	_____ ea.	x	\$4.75	=	_____
Assorted Fruit Juice	_____ ea.	x	\$5.25	=	_____
Energy Drinks (Rockstar)	_____ ea.	x	\$5.75	=	_____
Freshly Brewed Coffee (Reg or Decaf)	_____ gal.	x	\$79.50	=	_____
Tazo Tea by Starbucks	_____ gal.	x	\$79.50	=	_____
Freshly squeezed Orange or Grapefruit Juice	_____ gal.	x	\$53.00	=	_____
Iced Tea or Lemonade	_____ gal.	x	\$53.00	=	_____
Ambient Spring Water Kit (5 gallons)	_____ ea.	x	\$100.00	=	_____
Hot and Cold Spring Water Kit (5 gallons)	_____ ea.	x	\$130.00	=	_____
Replacement Jug of Water	_____ ea.	x	\$63.50	=	_____

Bar

Domestic Beer by the Case					
Brand: _____	cs.	x	\$229.00	=	_____
Imported Beer by the Case					
Brand: _____	cs.	x	\$255.00	=	_____
Domestic Beer Keg					
Brand: _____	cs.	x	\$795.00	=	_____
Imported Beer Keg					
Brand: _____	cs.	x	\$1,007.00	=	_____

Services and Fees

Bartender Fee	_____ cs.	x	\$195.00	=	_____
Delivery Fee	_____ cs.	x	\$55.00	=	_____
*Requires an Attendant for 4 Hours of Service	_____ ea.	x	\$195.00	=	_____

All orders for alcohol require a Bartender Fee.

	Subtotal	=	_____
--	----------	---	-------



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: _____

Estimated Total : _____

Please Note:

I UNDERSTAND THAT MY CREDIT CARD WILL BE CHARGED IN FULL

Payment by credit card for Event charges totaling \$10,000 and greater will be subject to a 3% convenience fee
on the entire balance charge

Cardholder's Signature: _____ Date: _____