



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 \$55.00 labor charge 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	\$47.00	=	_____
Bagels & Cream Cheese	_____	dz.	x	\$47.00	=	_____
Assorted Muffins	_____	dz.	x	\$47.00	=	_____
Large Butter Croissants	_____	dz.	x	\$47.00	=	_____
Assorted Doughnuts	_____	dz.	x	\$47.00	=	_____
Fruit and Yogurt	_____	ea.	x	\$5.00	=	_____
Warm Stuffed Crispy Croissant	_____	ea.	x	\$12.00	=	_____
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	\$312.50	=	_____
Extended Service	_____	hr.	x	\$48.75	=	_____

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

All items are subject to a 22% taxable administrative fee 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	\$47.00	=	_____
Assorted Cookies	_____	dz.	x	\$45.00	=	_____
Chocolate Covered Strawberries (Seasonal)	_____	dz.	x	\$45.00	=	_____
Ice Cream Bars (125 servings)	_____		x	\$750.00	=	_____
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	=	_____
Freshly Brewed Coffee (Reg or Decaf)	_____	gal.	x	\$75.00	=	_____
Tazo Tea by Starbucks	_____	gal.	x	\$75.00	=	_____
Freshly squeezed Orange or Grapefruit Juice	_____	gal.	x	\$50.00	=	_____
Iced Tea or Lemonade	_____	gal.	x	\$50.00	=	_____
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	\$55.00	=	_____
*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: _____

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: _____