



## Exhibitor Services Booth Traffic Enhancer Order Form

Exhibitor:	Event Name:
Mailing Address:	Booth Number:
City, State, Zip:	Date of Service: <span style="float: right;">Time:</span>
Phone: <span style="float: right;">Cell:</span>	Contact Person:
Fax:	Email Address:

Please complete and return via fax to 562.499.7565 or email it to [Ralvarez@longbeachcc.com](mailto: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>
<b><u>Breakfast Items</u></b>			
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	\$5.85	= _____
Warm Stuffed Crispy Croissant	_____ ea. x	\$12.75	= _____
Breakfast Burrito	_____ ea. x	\$12.75	= _____
<b><u>Express Boxed Lunch</u></b>			
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	= _____
<b><u>Specialty Platters (Serves 50 People)</u></b>			
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	= _____
<b><u>Beverage &amp; Snack Equipment</u></b>			
*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:**

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**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: \_\_\_\_\_