



## 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 562.499.7532 or email it to [dfruhling@longbeachcc.com](mailto:dfruhling@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 Deann Fruhling, Catering Sales Coordinator at 562-499-7562

<u>Item</u>	<u>Quantity</u>			<u>Price</u>	=	<u>Total</u>
<b><u>Breakfast Items</u></b>						
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	=	
<b><u>Express Boxed Lunch</u></b>						
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	=	
<b><u>Specialty Platters (Serves 50 People)</u></b>						
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	=	
<b><u>Beverage &amp; Snack Equipment</u></b>						
*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:**

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**Payment Information**

Company Name: 

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Please circle type of card:                  Visa                          Mastercard                          American Express

Card Number: 

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3 or 4 Digit Security Code: 

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    Exp. Date: 

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Name on Card: 

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Signature: 

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Billing Address: 

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Estimated Total : 

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**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: 

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    Date: 

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