Exhibitor Meal Delivery Order Form

Event Name_____

Delivery Date _____ Lunch (10:30a-12:00p) or Dinner (4:30p-5:30p)

Company Name_____

On-site Contact_____

Phone Number _____ Email Address: _____

Booth Number #_____

All meals include Bag of Chips, Cookie, and (1) 20 Oz. Soft Drink or Water for $9.00

_____ Home-style Chicken Salad Sandwich

_____ Smoked Turkey and Swiss Sandwich

_____ Honey Baked Ham and Swiss Sandwich

_____ Carved Roast Beef and Cheddar Sandwich

_____ Grilled Chicken Caesar Salad

_____ Pepsi

_____ Diet Pepsi

_____ Mountain Dew

_____ Sierra Mist

_____ Water

PAYMENT INFORMATION		
Credit Card Type:	**Credit Card Number:**	
Expiration Date:	**Security Code** (Last 3 digits on back of card or 4 digits on front of Amex.)	
Name on card (Please Print)		
Signature		**Date**
Billing Address:		
City:	**State:**	**Zip:**

All orders must be placed **by Noon 24 hours before the show opens.**

Orders for multiple days must be placed with your first order using a separate form for each day.

All meals must be pre-paid. Tax has already been included.

Fax completed order form to 636-896-1802. Questions please call 636-896-1801 or email exhibitorsvs@scmocc.com

February 2012