SAN JOSE CONVENTION CENTER CONTACT INFORMATION Team San Jose Event Services Department

Noemi Cortez 408 Almaden Boulevard San Jose, CA 95110 T 408.792.4534 F 408.277.3535 ncortez@sanjose.org



Exhibitor/Booth Name

Exhibitor Contact Name

Address

City State Zip Code

Office Phone Cell Phone Fax

Email

IMPORTANT INFORMATION

On-Site Contact (if different than above)

- Team San Jose maintains the exclusive right to provide all food and beverage items for the facilities.
- Minimum order is \$300.00 per day (not including tax & service charge), or a labor fee of \$100.00 will apply.
- · All services are designed and packaged to be placed on your booth tables.
- We are unable to provide tables on the exhibit floor.
- A 22% service charge and applicable sales tax will be applied to all orders.
- A surcharge of \$75.00 will apply for on-site orders.
- In order to best serve your catering needs, we require a 72-hour guarantee.
- Full charges will be applied to cancellation of any menu items received within 72 hour (3 business days) prior to delivery.

ORDER FORM

SAN JOSE CONVENTION CENTER CONTACT INFORMATION Team San Jose Event Services Department

Noemi Cortez 408 Almaden Boulevard San Jose, CA 95110

T 408.792.4534 F 408.277.3535 ncortez@sanjose.org

| | ١ | |
|---|---|--|
| | | |
| | | |
| | | |
| | | |
| 4 | | |

| - |
|----|
| I |
| |
| |
| |
| mi |
| 70 |
| |
| |
| G |

| Date | Qty. | Start/End Time | Item Description | Item Price | Extended Price |
|-------------|------------------|----------------|--|------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 22% Service | te Charge (Taxab | ole) \$ | Subtotal : | \$ | |
| | 9.25% Sales 1 | Гах \$ | Total Amount Due 9 | \$ | |
| | | | | | |
| | | | be on file in the Food & Beverage office two | | |

otherwise items cannot be guaranteed. Full payment is required five days in advance and can be made by company check payable to "Team San Jose" or by AMEX, VISA or MASTERCARD. If paying by credit card, please complete the following:

☐ Visa ☐ Master Card ☐ AMEX ☐ Other

| Credit Card Number | | |
|--------------------|-----------------|--|
| Cardholder Name | Expiration Date | |
| Signature | Date | |

Your signature above signifies approval of all charges to our account.