

Salt Palace Convention Center Exhibit Catering Order Form



Name of Conference:			Booth:						
Company Name: Contact Name:								_	
Address:		City,	State, Zip:					_	
E-mail:	P	'hone:			Fax:				
Onsite Contact Name:			Cell Pho	ne:					
Item	Qty :	x Cost x	x #Days = Total		Delivery Date(s)	Delivery Time		Removal Time	
						am/	pm	am /	pm
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Labor Fees	Qty ;	x Cost x	#Days =	= Total	Delivery Date(s)	Delivery Time		Removal Ti	
Bartender (covers up to 4 hours of service)		250.00				am /	pm	am/	pm
Delivery Fee		30.00				am /	pm	am/	pm
Set Up Fee (Action Stations, Kegs, Alcohol Stations, etc)		100.00				am /	pm	am/	pm
ADDITI	ONAL MENU	J OPTIONS	AVAILAE	BLE UPON	REQUEST		_		
All orders must be received two weeks in advance of first service or a 25 % late fee will apply. Please add 23 % Taxable Catering Service Fee & 8.75 % Sales Tax. ALL ORDERS WILL BE CHARGED A \$30 DELIVERY FEE PER TRIP						Sub-Total:			
						Delivery Fee (\$30/ delivery)			
Signature: Date:						Service Fee (23%)			
						Sales Tax (8.75%)			
						Total:			
Please return	completed	order by e	mail to (Christop	her.Walling@so	dexo.com			