



Exhibitor Meal Delivery Order Form

Event Name _____

Delivery Date _____ Lunch or Dinner
(11:30a-11:30p) (4:30p-5:00p)

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Home-style Chicken Salad Sandwich | <input type="checkbox"/> Pepsi |
| <input type="checkbox"/> Smoked Turkey and Swiss Sandwich | <input type="checkbox"/> Diet Pepsi |
| <input type="checkbox"/> Honey Baked Ham and Swiss Sandwich | <input type="checkbox"/> Mountain Dew |
| <input type="checkbox"/> Carved Roast Beef and Cheddar Sandwich | <input type="checkbox"/> Sierra Mist |
| <input type="checkbox"/> Grilled Chicken Caesar Salad | <input type="checkbox"/> 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 not pre-paid must be paid for at time of delivery with cash only & exact change. Tax has already been included.

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