

**Orders must be placed 72 hours in advance of delivery.** Please use a separate form for each day  
 All orders must be pre-paid. Food and beverage items are subject to a 23% management charge.

**ORDER ONLINE AT: [www.StCharlesConventionCenter.com](http://www.StCharlesConventionCenter.com)**

Event:	Company Name:		
Event Move In Date:	Event location/Booth #:		
Contact Name:	Mailing Address:		
Phone:	City:	State:	Zip:
Fax:	Email:		

*Meals include bag of chips, cookie and (1) 20 oz. soft drink or bottled water	Lunch (Qty) 11:30-12:30p	Dinner (Qty) 4:30-5:30p	Delivery Date	Price	Total
Smoked Turkey Sandwich Meal*				\$14	
Ham and Cheese Sandwich Meal*				\$14	
Gourmet Roast Beef and Cheddar Sandwich Meal*				\$14	
Home-style Chicken Salad Sandwich Meal*				\$14	
Roasted Vegetable Sandwich Meal*				\$14	
Grilled Chicken-Ranch Wrap Meal*				\$14	
Grilled Chicken Caesar Salad (includes drink only)				\$14	
Classic Greek Chicken Salad ( <b>Gluten Free</b> ) (includes drink only)				\$14	
				<b>Total</b>	

Please select your beverage(s):

**Lunch:**  Coke  Diet Coke  Sprite  Cherry Coke  Dasani Water  
**Dinner:**  Coke  Diet Coke  Sprite  Cherry Coke  Dasani Water

**Would you like options to distribute at your booth? We've got you covered!**

These items will all be delivered 30 minutes prior to show time

	QTY	Price	Total	ORDER TOTALS	
Cookies (chocolate chip & oatmeal assortment)	50 per order	\$65		23% Mgmt Charge	
Brownies	50 per order	\$65		<b>SUBTOTAL</b>	
Muffins	50 per order	\$65		x 7.95% Sales Tax	
Coffee, Regular	96 oz. container	\$46		<b>SUBTOTAL</b>	
Coffee, Decaf	96 oz. container	\$46		x 1% Tourism Tax	
Coffee Service includes: 8 oz cups, sugar, sweetener, stirrers and half and half			<b>Total</b>	<b>GRAND TOTAL</b>	

## PAYMENT INFORMATION

**Card Type:** VISA MASTERCARD AMEX DISCOVER **Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code: #** \_\_\_\_\_

**Name on card (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax completed order form to (636) 896-1802**  
 Questions please call 636-669-3011 or email [exhibitorsvs@scmocc.com](mailto:exhibitorsvs@scmocc.com)