

Exhibitor Order Form (1 form per service date/time)

| Event Name | | Booth Number |
|--|---|---|
| Location of Booth | | Booth Name |
| Contact Name | | Phone Number |
| On-Site Contact | | Email |
| | | |
| ORDER : Labor fee o | of \$70 per delivery will a | pply |
| Date of Delivery: | Start Time: | am/pm Ending Time: am/pm |
| 1. Quantity | Item: | |
| 2. Quantity | Item: | |
| 3. Quantity | Item: | |
| 4. Quantity | Item: | |
| • | | |
| METHOD OF PAYMEN Credit Card Check Wire | | |
| -Orders submitted without -A 24% Administrative Country -All orders are subject Orders submitted later -Orders cancelled within the Exhibitors are required -The administrative charge | t to a \$70.00++ Delivery For than 21 business days prion 72 hours of event will not be r I to provide tables for all fo | ill not be processed. IX & 6% Non-Food Sales Tax will be charged on all orders. IX & 6% Non-Food Sales Tax will be charged on all orders. IX Experiment to event are charged a 23% Late Ordering Fee. IX Equipped Section |
| Please | email order all forms to | wewccexhibitorders@aramark.com |
| Signature: | | Date: |