

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

Event Services
Department
408 Almaden
Boulevard San Jose,
CA 95110

T 408.792.4511
F 408.277.3535
esm@sanjose.org

Event Name

Exhibitor/Booth Name Exhibitor/Booth Number

Exhibitor Contact Name

Address

City State Zip Code

Office Phone Cell Phone Fax

Email

On-Site Contact (if different than above)

IMPORTANT INFORMATION

- Team San Jose maintains the exclusive right to provide all food and beverage items for the facilities.
- Minimum order is \$450.00 per day (not including tax & service charge).
- All services are designed to either be packaged for placement on your booth tables or will be served on rolling table provided by the facility.
- A 22% service charge and applicable 9.38% sales tax will be applied to all orders.
- Orders must be received 15 business days prior to the date of your request.
- Payment is required 15 business days prior to the date of your request.
- In order to best serve your catering needs, we require a 15 business days guarantee.
- A surcharge of \$150.00 will apply for orders requested within 15 days and or orders made on-site and will be fulfilled upon availability of items and service.
- Full charges will be applied to cancellation of any menu items received within 15 business days prior to delivery.

ORDER FORM

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BOOTH CATERING

Date	Qty.	Start/End Time	Item Description	Item Price	Extended Price

22% Service Charge (Taxable) \$ _____ Subtotal \$ _____
9.38% Sales Tax \$ _____ Total Amount Due \$ _____

The booth catering order form must be on file in the Food & Beverage office two weeks before the event, 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

**** DO NOT PROVIDE CREDIT CARD NUMBER – A SEPARATE SECURE LINK WILL BE SENT TO YOU FOR PAYMENT ****

Credit Card Number _____

Cardholder Name _____

Signature _____ Date _____

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