

# SAVOR...

## Exhibitor Booth Menu Services Order Form

To make your order, please fax it to 972-401-7729. Please write "Attention Events Department."

Event Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Company (Bill To): \_\_\_\_\_ Booth Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Onsite Contact Name: \_\_\_\_\_ Onsite Contact Cell Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

<u>Date of Service</u>	<u>Start Time</u>	<u>End Time</u>	<u>Item</u>	<u>Quantity</u>

\* All orders are subject to a 24% Administrative Fee and 8.25% sales tax.

\* Full payment is required in advance for all services prior to the event start date. Forms of payment accepted: Credit Card, Check (payable to the Irving Convention Center) and Cash. See Credit Card Authorization Form on page 16.

\* Selected Food & Beverage items may require an ICC chef attendant or an ICC bartender.

*It is our pleasure to serve you!*



IRVING CONVENTION CENTER  
AT LAS COLINAS

SMG managed Irving Convention Center at Las Colinas  
Attn: Accounting Department  
500 W. Las Colinas  
Irving, TX 75039

Phone: 972-401-7700  
Fax: 972-401-7759

**For your security, do not email this form. Please FAX to 972-401-7759.**

**Event Information:**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Event ID: \_\_\_\_\_  
Order By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Credit Card Information:**

Card Type: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_  
Card Number: \_\_\_\_\_ CV2 # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Cardholder's Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
Driver's Licenses Number, Exp. Date and State: \_\_\_\_\_

**Authorization to charge:**

\*Amount processed includes a **convenience fee of 3.75%** of the total amount due when remitting by credit card (Visa, MasterCard, American Express, Discover, Diners). Please note that this fee is a third-party fee and is not part of the convention center's or city's business or revenues. This fee does not apply toward achievement of the food and beverage minimum. I authorize SMG to charge my credit card for the remaining balance due.

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the cardholder's driver's license or photo ID (front & back), as well as a copy of the credit card used (front & back) shall be attached to this form.