

**Show Name:** 



Fort Wayne, IN 46805 Phone: 260-482-9502

## **Booth Service Order Form**

Please fax or email order form to Katie Steigmeyer: ksteigmeyer@memorialcoliseum.com Fx. (260) 484-1637 For any questions, please call Katie at (260) 480-3711



mpany Name:					
ontact Name:					
ddress:					
elephone	Fax: # of People: _		Cell:		
Day/Date	Start/End Time	Quantity	Item Desc	cription	Item Price
1		<u> </u>		Subtotal	
				10% Late Fee	
				19% Service Charge	
				8% Sales Tax	
				Amount Due	
ardholders Name _			Visa	Mastercard	
ardholders SignatureExpi					Check
			Expiration Date	piration Date	
ecurity Code					

## IMPORTANT INFORMATION

The Client or any of the client's guests may not bring food or beverages into the Facilities without written permission from the ACWMC. Aramark is the preferred food and beverage provider for the ACWMC. Catering Event Order(s) must be on file, with signatures, in the catering sales office 21 days prior to the event date, otherwise items and prices cannot be guaranteed and a 10% surcharge will be incurred to the subtotal.

## **DEADLINE**

All original orders must be received 21 business days prior to the first show day or a 10% late charge will be applied. Changes and /or cancellations must be received 3 business days in advance of service. No cancellations may be made after that time. Any changes made with less than 3 business days notice must be received by the Sales Department and will result with a 20% late fee.

## **PAYMENT POLICY**

Aramark Corporate Policy requires 100% full payment prior to event date and/or commencement of services. Additionally, a credit card must be on file for any re-orders made on site. NO EXCEPTIONS.