

Exhibitor Meal Delivery Order Form

Please order online for immediate confirmation of order:

<http://www.stcharlesconventioncenter.com/exhibitors/exhibitor-ordering-tools>.

Event Name: _____

Company Name: _____ Booth Number #: _____

On-site Contact: _____

Phone Number: _____

Email Address: _____

Delivery Date: _____ **Lunch** or **Dinner**
(Please complete one form per day) (11:30a-12:30p) (4:30p-5:30)

All meals include Bag of Chips, Cookie, and (1) 20 Oz. Soft Drink or Water for \$12.50

_____ Home-style Chicken Salad Sandwich	_____ Coke
_____ Smoked Turkey Sandwich	_____ Diet Coke
_____ Ham and Cheese Sandwich	_____ Cherry Coke
_____ Gourmet Roast Beef and Cheddar Sandwich	_____ Sprite
_____ Grilled Chicken Caesar Salad	_____ Water
_____ Roasted Vegetable Sandwich	

PAYMENT INFORMATION	
Credit Card Type:	Credit Card Number:
Expiration Date:	Security Code (Last 3 digits on back of card or 4 digits on front of Amex.)
Name on card (Please Print)	
Signature	Date
Billing Address:	
City:	State: Zip:

All orders must be placed by **Noon 48 hours before the show opens**. Orders for multiple days must be placed with your first order using a separate form for each day. **All meals must be pre-paid**. Tax has already been included. **Fax completed order form to 636-896-1802.**

Questions please call 636-669-3011 or email exhibitorsvs@scmocc.com

08/2016