

Summer Conference
Meal Arrangements Order Form

Name of Conference _____

Sponsoring Organization/Person _____

Group Coordinator _____ Title _____

Business Address _____
 Street _____
 City _____ State _____ Zip Code _____

Phone () _____ FAX () _____ Email _____

INVOICE INFORMATION

Name _____ Title _____

Business Address _____
 Street _____
 City _____ State _____ Zip Code _____

Phone () _____ FAX () _____ Email _____

Purchase Order Number _____
 (if applicable)

Is your group tax exempt? Yes No
Tax exempt organizations must submit proof of exemption from the State Board of Equalization.

Estimated Number of Conferees _____ First Meal _____ Last Meal _____
 (Date/Meal) (Date/Meal)

Detailed list of meals and services; please note any special circumstances (e.g., Box Lunches)

Date(s)	Meal(s)	Services

BILLING INFORMATION

- Billing will be based on the daily charge (or per meal charge if less than a full day), on the larger of:
 - the number actually served
 - the guaranteed number
 - the estimated number if the guaranteed number is not received in a timely fashion
 - eighty-percent of the estimated number if the guaranteed number falls below 80% of the estimated number
- Conference groups are required to submit a 50% deposit no later than 45 days before the event. A final invoice will be created at the end of the conference that includes the balance of meals served, room rental, etc.
- I accept my financial obligations as stated above on this contract and understand that there is a penalty fee of 33% for late cancellations (less than 2 weeks notice).
- I have read this contract and by signing below agree to the arrangements stated.

MEAL CARD INFORMATION

The Servery at the Dining Commons hosts many groups that use the facility at the same time. In order to provide accurate accounting information, you will be provided a meal card for each person in your group. The meal card is encoded with the number of meals that your group requested and must be presented to the cashier for each meal. Lost cards will be replaced for a \$5.00 fee. We request that the group leader sign for the cards and distribute them to the group members.

MEAL CARD OPTION

- Yes, I request the group leader _____ (name) to have the ability to charge extra meals to their meal card at their discretion. These extra meals will be added to the final billing.
- No, I'm not interested in this option.

Signature of Authorized Conference Representative

Date

Please return signed application to: University Enterprises, Inc.
The Servery at the Dining Commons
6000 J Street
Sacramento, CA 95819-6063

Questions? Please call (916) 278-7502 or fax (916) 278-4837.