

SEKFC

April 28 & 29, 2008 AT THE RENAISSANCE WAVERLY HOTEL

The information below is to be completed by the Participating Vendor and faxed back to the hotel no later than April 21st. Please fax to the attention of Ellen Westrom - Ph (770) 303-3245, **Fax (770) 303-3264**, email ellen.westrom@renaissancehotels.com.

This form only needs to be completed if you require food preparation by the hotel, any supplies, or food that needs special handling upon receipt.

General Information

Name of Contact: _____

Company: _____

Address: _____

Phone # _____ Fax # _____

Booth # _____

Shipping Information for Food Products

Will you be shipping product to the Hotel? _____

of Boxes and Contents of Boxes _____

Will it need to be Refrigerated? _____ OR Frozen _____

Receiving Charges: To cover the handling (receiving, storing, tracking and/or delivery) there will be a service charge of \$5.00 per package or \$20.00 per hundred weight for package totals over 50 lbs (rounded off to the next 100 lbs). The service charge will be due when you receive your package.

Please ship any boxes addressed in the following manner:

Your Name

Hold for Arrival (Indicate Date), Show Name

Renaissance Waverly Hotel

2450 Galleria Parkway

Atlanta, GA 30339

Boxes must be marked: Keep Frozen or Refrigerate

We will accept your boxes (5) business days prior to the function.

The Renaissance Waverly accepts no responsibility for any product you choose to store in our freezers or refrigerators as other vendors and employees have access to these areas.

Food Preparation Information

There will be a \$ 150.00 charge for preparation of up to (2) products or \$300.00 for (5) items, \$100.00 for each additional item. The charge is payable by credit card. Please complete the following information so that we may be prepared to handle your product property. Please include complete preparation instructions.

Will you require any preparation by our staff of your product? _____

Product to be prepared _____

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COMPANY NAME _____ BOOTH# _____

Miscellaneous Items Requested (Please Indicate):

Bus Tubs of Ice	@ \$ 12.00 ++each	Indicate Quantity Required: _____
Cocktail Napkins	@ \$ 8.00++/100	Indicate Quantity Required: _____
Chafing Dishes w/Sterno	@ \$ 45.00++each	Indicate Quantity Required: _____
10 oz Plastic Cups	@ \$ 10.00++/100	Indicate Quantity Required: _____

Miscellaneous Items requested:

Credit Card Authorization for Payment:

I authorize the Renaissance Waverly Hotel to use the listed credit card for payment of all charges incurred on my master account during the SEKFC Show. The Renaissance Waverly will send a copy of your invoice to your attention for the total charges. I am fully responsible for these charges. The Renaissance Waverly is authorized to apply all charges to the credit card listed below.

There will be a credit card authorization obtained at the time of the function, for the estimated amount of charges:

Company Name: _____
Function Date: _____
Credit Card Type/#: _____ Expiration: _____
Cardholder Name: _____
Cardholder Signature: _____

HOTEL USE ONLY

Authorization Number: _____ Authorization Date: _____
Account Number: _____ Event Manager: Ellen Westrom