

Kitchen Usage Form

Return Completed Form (2) Weeks Prior to Show Date

Event Name	
Company Name & Booth Number	
Client Name & Office Phone	
On-Site Contact Name, Cell & E-mail	
Address (Billing)	
Fax	
E-Mail Address	
Day & Date	
Start Time	
End Time	
What Kitchen Equipment do you need access to?	
Names of Staff that will use the Kitchen.	
Notes	

USAGE COST: \$350+ TAX PER DAY. PLEASE FAX OR EMAIL THE FORMS TO THE CATERING OFFICE.

ATTENTION: CATERING OFFICE

EMAIL: MAYRE@FTLAUDERDALECC.COM

FAX: (954) 763-9551