

Catering Request Form

Name of Exhibition or Show:_		
Date(s) of Show:		
Exhibitor's Name:	Booth Number:	
Exhibitor Company/Organizati	on:	
Exhibitor Address:		
		Zip Code
Email Address:		
Phone:		
Date(s) of requested catering: _		
Time of requested catering:		
Type of catering requested: surif needed)	ch as coffee breaks, bar, reception, o	or etc. (This can be discussed in further det
	ite: www.sanluisresort.com If you p	prefer they can be emailed to you directly,
Email a copy of menus to this	email address:	

You may email or fax this document to:

Lisa Clemons
Associate Director of Convention & Conference Planning
The San Luis Resort, Spa & Conference Center
409 740 8686 direct line
409 744 6913 fax line
lclemons@ldry.com

Please note all catering will need to be paid for in advance. Billing forms will be sent upon request or you can choose to use the same payment method as your utility form.