



QCon EXHIBITOR FOOD AND BEVERAGE ORDER FORM

Hyatt Regency San Francisco, 5 Embarcadero Center
 San Francisco, CA 94111 · 415.788.1234 / Fax 415.291.6569

Note please return this form by Friday, October 26, 2012

CONVENTION SERVICES MANAGER: Michelle Campanelli DATE ORDERED _____

EXHIBITOR NAME/COMPANY: _____

CONTACT PERSON & CELL PHONE NUMBER: _____

CONTACT ADDRESS _____

EMAIL ADDRESS: _____

REQUESTED (DATETIME): Wednesday, November 7, 2012 START TIME: 4:50pm END TIME: 5:35pm

***Note a MINIMUM of 175 pieces per order is suggested for Exhibitor Reception.**

Shrimp Louie Salad in Mini Bouchee, 6.00 per piece Number of pieces: _____	Seared Ahi Tuna with Shichimi Spice on Rice Cake 6.00 per piece Number of pieces: _____
Open Face Smoked Salmon on Dark Rye with Cream Cheese and Dill 6.00 per piece Number of pieces: _____	California Maki Sushi with Wasabi and Soy Sauce 6.00 per piece Number of pieces: _____
Fresh Strawberry with Brie Cheese, Orange Zest, Grape and Chives 6.00 per piece Number of pieces: _____	Cucumber Cup with Roasted Corn and Black Bean Salsa 6.00 per piece Number of pieces: _____
Vietnamese Summer Roll with Shrimp and Nuoc Cham Dipping Sauce 6.00 per piece Number of pieces: _____	Pear and Gorgonzola Crostini 6.00 per piece Number of pieces: _____
Dungeness Crab Cake with House Made Tartar Sauce 6.00 per piece Number of pieces: _____	Firecracker Shrimp, Orange Ginger Dipping Sauce 6.00 per piece Number of pieces: _____
Tandoori Chicken Satay, Minted Yogurt Sauce 6.00 per piece Number of pieces: _____	Malaysian Beef Satay, Garlic Chili Coconut Sauce 6.00 per piece Number of pieces: _____
Sibby's Cupcakery, 60.00 per dozen Quantity: _____	Whoopie Cookies 6.00 each Quantity: _____
Fresh Fruit Skewers with Maple Vanilla Dipping Sauce 8.00 each Quantity: _____	French Macarons 50.00 per dozen Quantity: _____

***Prices are subject to 22% service charge and 8.5% state sales tax**

***Your final quantity must be specified by 11am three business days prior to your event.**

For any additional questions or food and beverage selections please contact Michelle Campanelli at (415) 291-6511 or via email at michelle.campanelli@hyatt.com

BILLING INFORMATION:

CREDIT CARD: (Circle One) **VISA** **MASTERCARD** **AMERICAN EXPRESS** **DISCOVER**

Card Number _____ Expiration Date _____

I hereby authorize the Hyatt Regency San Francisco _____ to utilize my credit card for the detailed billing as noted above.
 Initial here

Signature _____ Date _____

Billing Address: _____

Please return this completed form to the fax number listed above or via email to michelle.campanelli@hyatt.com