

Kitchen Access/Rental Form

**For Questions Please Contact our Event Service Department at 716-278-2100.
Please return this form with your payment**

**Pricing for Kitchen Access:
\$150.00+ 8% NY State Tax Per Day**

Kitchen Access and Rental

Kitchen usage fee provides you access to the deep fryer, ovens, clean up and disposal of trash items. Please note you are responsible for your own preparation, cooking and clean up. All vendors must leave the kitchen in a neat and orderly fashion. Should excessive clean-up be needed, you will be charge an additional clean up fee.

Times Requesting:	Please list the food items being prepared:	Additional Equipment Needs: <i>(Limited Availability, we try to accommodate most requests)</i>	Pricing:
Total \$			_____
Sales Tax (8%) \$			_____
Overall Total \$			_____

Event: _____

Date: _____

Company Name: _____ **Booth #:** _____

Contact Name: _____ **Phone:** _____

Email: _____

The Conference & Event Center has a limited supply of equipment available. We try to accommodate most requests. If there are any questions or concerns please contact Ashleigh Frieday with the Conference & Event Center at 716-278-2178.



PLEASE RETURN THIS FORM WITH YOUR PAYMENT

For payment by credit card: We will be glad to accept your credit card information via fax or over the phone. (Please DO NOT e-mail; for your safety we will no longer accept charge authorization forms via e-mail.)

Phone: (716) 278-2100 Fax: (716) 278-0008
Mailing Address: 101 Old Falls Street, Niagara Falls, NY 14303

Complete the information requested below and return this form with your order(s). Please print or type.

COMPANY NAME _____

CREDIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ORDERED BY _____ DATE _____

PHONE _____ FAX _____

E-MAIL _____

Print Name as it appears on the card: _____

Signature as it appears on the card: _____

By signing above I am authorizing the Conference & Event Center Niagara Falls to charge my card for the following:

Total: _____

Event: _____

Company Name: _____ **Booth #:** _____

Contact Name: _____ **Phone:** _____

Email: _____

PLEASE DO NOT SEND A COPY OF YOUR CREDIT CARD WITH THIS FORM

FOR YOUR SECURITY - Please ONLY fill out credit card information if you intend to FAX this information to (716) 278-0008. PLEASE DO NOT EMAIL ANY CREDIT INFORMATION, as we will be happy to accept your credit card number by telephone.

 Visa MC American Express Discover

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE: _____

DATE RECEIVED: _____