



PREFERRED CATERERS LIST

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

ELECTRICAL REQUIREMENTS:

Name of Event _____

Event Dates _____

Booth # _____

Type of Equipment _____

120 volt/20 AMP at \$44.84 inclusive each = _____ Non-Refundable
(Restrictions may apply)

240 volt/single phase _____ at \$64.05 inclusive = _____ Non-Refundable

* Inclusive amount includes 20% service charge and 6.75% sales tax.

Please enclose check made payable to the New Bern Riverfront Convention Center and return with your utility order form to:

**Accounts Payable
New Bern Riverfront Convention Center
203 South Front Street
New Bern, NC 28560**