



1020 Railroad Ave. San Luis Obispo California 93401

Tel. (805) 541-6800

Fax. (805) 786-2522

### **The Business Dinner**

\$125 per person inclusive of 8.75% sales tax and 20% taxable service charge

Minimum Guarantee & Charge: 8 guests at inclusive price

This menu is designed for dinner presentations tailored for the needs of our healthcare industry clientele. It includes the following:

#### **EVENT SPACE & SET UP**

You will be extended the use of Café Roma's air-conditioned private dining room, know as Deruta. Your event space will be set crescent rounds, unless specified otherwise with white linen overlays. A small registration table in the private foyer of the room will be set with meal cards, so individual guests can make their meal selection upon arrival.

#### **MENU**

*Antipasti served Buffet Style (organizer may substitute items with other Café Roma offerings)*

**Mozzarella Caprese** – fresh tomato, basil, buffalo mozzarella

**Italian Charcuterie** – platter of Premium Italian Salami and Prosciutto

**Assorted Bruschetta** – toasted bread with various toppings

#### Insalata

**Classic Caesar Salad** with garlic croutons

#### Entrée (choice of)

**Tortelli di Zucca** – handmade butternut squash ravioli with a creamy butter sage sauce and Grana Padano

**California Halibut** with a citrus Beurre Blanc. Served with potatoes and local farmer's market vegetables

**Filet Mignon** with an herbed butter pinot noir reduction. Served with potatoes and local farmer's market vegetables

#### Dolci

**Tiramisu** – Traditional Italian dessert of lady fingers dipped in espresso with whipped mascarpone cheese

**BEVERAGES:** This menu price includes water service, iced tea, coffee and two hard drinks per person, such as house wine, beer, well cocktails, and soft drinks.

**AV EQUIPMENT:** Audio visual equipment may be added for an additional charge plus 7.75% sales tax. There is no surcharge or fees for outside AV. Please check if you need any of the following:

Screen (\$30) \_\_\_\_\_ Projector (\$80) \_\_\_\_\_ Microphone (\$50) \_\_\_\_\_ Podium (\$25) \_\_\_\_\_ Not Sure Yet \_\_\_\_\_

**DEPOSIT:** A \$250 deposit is required. It is refundable in the case of a cancellation up until 72 hours prior to the event.

**ROOM RENTAL:** In lieu of a room rental, there is an 8-person minimum charge at \$125 inclusive for this menu. Please specify how you want any unmet minimum charges billed.

“NO SHOW” \_\_\_\_ Room Rental \_\_\_\_ Unmet Minimum \_\_\_\_ Other \_\_\_\_

**PARKING:** Complimentary off-street self parking is available.

**EVENT CONFIRMATION**

The credit card information is confidential and required to confirm your event. It will only be kept by Café Roma’s accounting department. Please complete and fax back to (805) 786-2522 or email Lisa@caferomaslo.com

Function Date: \_\_\_\_\_ Function Time: \_\_\_\_\_ Access Needed: \_\_\_\_\_

Event Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Onsite Contact/Host: \_\_\_\_\_ Cell: \_\_\_\_\_

Estimated Number of Guests: \_\_\_\_\_ Your final guest count, known as the guarantee, is due 72 hours prior to your event. The chef will order and prepare for this number of guests, so this guarantee will be the minimum charge.

**CREDIT CARD AUTHORIZATION**

Name as it appears on the Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Type (choose one): \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year) Verification Code: \_\_\_\_\_ (last 3 digits on signature panel) or for Amex--four digits on the front of the card.

I hereby authorize Café Roma to charge my credit card for the \$250 deposit. I further authorize Café Roma to charge for a minimum of eight guests for the inclusive business dinner at \$125 per person. I also authorize Café Roma to charge this credit card for the final amount due at the completion of the event if no other method of payment is provided.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Receipts will be provided to you after the deposit is charged and at the end of your event. I prefer my receipts to be

faxed to \_\_\_\_\_ or emailed \_\_\_\_\_