



1020 Railroad Ave. San Luis Obispo California 93401
Tel. (805) 541-6800
Fax. (805) 786-2522

The Business Dinner

\$150 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 enclosed air-conditioned dining room, known as the *Deruta Room*. Tables will be set for a presentation with white linen. A small registration table 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

Dolce

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

BEVERAGES: This menu price includes water service, iced tea and coffee.

AV EQUIPMENT: Audio visual equipment may be added for an additional charge plus 8.75% sales tax. There is no surcharge or fees for outside AV. Please check if you need any of the following:

Screen (\$40) _____ Projector (\$100) _____ 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 \$150 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 events@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

Billing Address: _____:

_____ Phone: _____

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 \$150 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 emailed to the email listed in the contract after the deposit is charged and at the end of your event