



GUEST MEAL REQUEST FORM



This form is to be completed by the person hosting a guest for dinner or by the person requesting a dinner meal at Bernardi. **Dinner cost is €18 per guest** – Please complete the form and turn it in to the Bernardi Director, at least 48 hours prior to the date of your meal request.

I _____ (name), would like to request _____ (number) guest meal(s) for _____ (date) for _____ (guest's name).

(If you are requesting more than one guest meal on the same or on a different date, please indicate below the names of your guest(s) and exact dates you are requesting guest meals):

Additional guest meals for _____ (name) for _____ (date)
 _____ (name) for _____ (date)
 _____ (name) for _____ (date)

Number of guest meals (€18 per guest) : _____ **Total Amount to be paid = €** _____

SELECT YOUR PAYMENT OPTION

1. Pay by Credit Card

Please indicate type of card: Visa MasterCard Discover

Credit Card Number _____ - _____ - _____ - _____

Expiration: _____ (Month/Year) Cardholder's Name: _____
 mm/ yyyy

The amount in euros will be converted into dollars on the day of your meal using the www.OANDA.com based on the currency exchange rate of that day.

Name(s): _____

Billing Address: _____ City _____
 (Street name/number)

State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____

OR

2. U.S.T. Account (If UST Student or Department account)

Name _____ Banner ID# _____

Department Name and Account (If applicable) _____

(Circle what applies) **Host's or Guest's signature:** _____

DUE TO LIMITED SPACE IN OUR DINING ROOM, NO MORE THAN 45 PEOPLE (INCLUDING STUDENTS, FACULTY, GUESTS, ETC) CAN BE PRESENT AT THE DINNER TABLE ON ANY GIVEN NIGHT.