Convention Plant Designs, Inc.

SGIA '06

September 26-29, 2006

Las Vegas Convention Center

MAIL TO:

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Metairie, LA 70002

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QUANTITY	ITEM	UNIT PRICE	TOTAL
	PURCHASE ITEMS:		
	Mums (YELLOW WHITE OTHER)	**$17.00**	**$**
	Azaleas	**$25.00**	**$**
	Bromeliads	**$25.00**	**$**
	Flower Arrangement(s)	**$35.00** & UP	**$**
	DESCRIPTION (Color, Shape)		
	Bud Vase	**$15.00**	**$**
	Corsage	**$15.00**	**$**
	Boutonniere ** For Daily Delivery Add $10.00	**$ 3.50**	**$**
	Amount Daily Dates: Color:		
	RENTAL ITEMS:		
	Small Fern or Ivy (6")	**$17.00**	**$**
	Large Fern (10")	**$27.00**	**$**
	2' Green Plant	**$25.00**	**$**
	3' Green Plant	**$35.00**	**$**
	4' Green Plant	**$45.00**	**$**
	5' Green Plant	**$55.00**	**$**
	6' Green Plant	**$65.00**	**$**
	TALLER MATERIAL IS PRICED ON REQUEST		
	TYPE OF CONTAINERS Wicker White Black		

RENTAL PRICE INCLUDES PLANT CONTAINER, DELIVERY, INSTALLATION, MAINTENANCE AND REMOVAL AT END OF SHOW.

COMPANY NAME _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **FAX:** _____

BOOTH NUMBER: _____

BOOTH REPRESENTATIVE: _____

ATTENTION: _____

TOTAL MATERIAL CHARGE $_____

7.25% SALES TAX $_____

DELIVERY CHARGE (if applies) $_____

INVOICE TOTAL $_____

LESS PREPAYMENT $_____

TOTAL AMOUNT DUE $_____

PURCHASE ORDER_____

AUTHORIZED SIGNATURE:

x_____

HAVE THE CONVENTION PLANT DESIGNER CONTACT OUR BOOTH

DATE & TIME_____

POLICIES: All orders require payment in advance or payment at the show site. Cash, Check, Visa, Master Charge or American Express is accepted. No adjustment can be made after the close of the show. If tax exempt, enclose a copy or your tax exemption certificate. Rental items missing upon dismantling are the responsibility of the exhibitor. To charge your account for additional floral services incurred during the show, please sign the credit card authorization **x**_____

MEMBER: **INQUIRE ABOUT PLANTS AND FLOWERING FOR BANQUETS, HOSPITALITY SUITES, ETC.**

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

Charge to: (circle one) MasterCard* Visa American Express

Account Number: **Expiration Date:**_____

MEMBER OF:

IAEM

PCMA

HCEA

Cardholders' Name (Please print or type) _____

Cardholders' Address_____ City_____

Cardholders' Signature_____ State_____ Zip Code_____