



Convention Plant Designs, Inc.

CPD IS A MEMBER OF: IAEM, PCMA, HCEA

83rd Congress of Cities & Exposition

Reno-Sparks Convention Center

December 5-9, 2006



MAIL TO:

3100 Ridgelake Dr; Ste. 107

Metairie, LA 70002

Phone: (504)454-7204

Fax: (504) 454-7262

E-mail: cpd@cpdi.net

QUANTITY	ITEM	UNIT PRICE	TOTAL
	PURCHASE ITEMS:		
	MUMS YELLOW WHITE OTHER	\$17.00	\$ -
	AZALEAS RED Lt. PINK WHITE	\$25.00	\$ -
	BROMELIADS	\$25.00	\$ -
	SEASONAL BLOOMING (KALANCHOES, CYCLAMEN, POINSETTIAS)	\$25.00	\$ -
	FLOWER ARRANGEMENT: Description	\$35.00 & Up	- \$ -
	TROPICAL ARRANGEMENT: Description	\$45.00 & Up	- \$ -
	Bud Vases, Boutonnieres & Corsages Priced Upon Request	-	\$ -
	RENTAL ITEMS		
	6 INCH GREEN PLANT - SMALL TABLE TOP PLANT	\$17.00	\$ -
	LG. FERN - LG. IVY - LG. POTHOS	\$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 PRICED UPON REQUEST		
	TYPE OF CONTAINER Wicker White Black		
INQUIRE ABOUT PLANTS AND FLOWERING FOR BANQUETS AND HOSPITALITY SUITES			

RENTAL PRICE INCLUDES PLANT CONTAINER, DELIVERY, INSTALLATION, MAINTENANCE AND REMOVAL

COMPANY NAME _____ TOTAL MATERIAL CHARGE \$ -

ADDRESS: _____ 7.38% SALES TAX \$ -

CITY, STATE, ZIP: _____ INVOICE TOTAL \$ -

PHONE: _____ FAX: _____ LESS PREPAYMENT _____

EMAIL ADDRESS: _____ TOTAL AMOUNT DUE \$ -

BOOTH NUMBER: _____ BOOTH REP: _____

PURCHASE ORDER NUMBER: _____ AUTHORIZED SIGNATURE: _____

Do you need a designer to help you with your selection? Date & Time: _____

POLICIES: All orders require payment in advance or payment at the show site. Cash, Check, Visa, MasterCard or American Express are accepted. If tax exempt, enclose a copy of 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:

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING

American Express Visa* MasterCard*

Account Number: _____

*CODE ON THE BACK OF CARD
 _____ * CODE REQUIRED

Expiration Date: _____ / _____

Cardholder Name: (Please Print or Type) _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____