Convention Plant Designs, Inc.

CPD IS A MEMBER OF: IAEE, PCMA, HCEA

ISA EXPO '09

October 6-8, 2009

Reliant Center

Houston, TX

3100 Ridgelake Dr., Ste. 107
Metairie, LA 70002
www.cpdi.net

Phone: (504) 454-7204
Fax: (504) 454-7262
E-mail: cpd@cpdi.net

QUANTITY	ITEM	UNIT PRICE	TOTAL
	MUMS YELLOW ____ WHITE ____ OTHER ____	$19.00	$ -
	AZALEAS RED ____ Lt. PINK ____ WHITE ____	$29.00	$ -
	BROMELIADS	$29.00	$ -
	SEASONAL BLOOMING (KALANCHOES, CYCLAMEN, POINSETTIAS)	$29.00	$ -
	FLOWER ARRANGEMENT: Description $50.00 & Up	-	$ -
	TROPICAL ARRANGEMENT: Description $60.00 & Up	-	$ -
	Bud Vases, Boutonnieres & Corsages Priced Upon Request	-	$ -
	6 INCH GREEN PLANT - SMALL TABLE TOP PLANT	$19.00	$ -
	LG. FERN - LG. IVY - LG. POTHOS	$29.00	$ -
	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: _____ **8.25%** 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:

X _____

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: **X** _____