

TROPICAL FOLIAGE RENTALS
10305 HARVEST ROAD
DALLAS, TEXAS 75217
214-243-9290
CALVINTFR@YAHOO.COM

Show Name ICSC AT RED RIVER
 Location KAY BAILEY HUTCHINSON CONV TN CTR
 Show Dates JANUARY 30-31, 2025

ORDERING DEADLINE DATE: Three weeks prior to show

FLOWERING & GREEN PLANTS (Rental)	UNIT PRICE	QTY	TOTAL
Mum [] Yellow [] White [] Lavender	\$35.00		
Kalanchoe [] Red [] Pink [] Orange [] Yellow	\$35.00		
Azalea [] Red [] Pink [] White	\$50.00		
Bromeliad [] Red [] Yellow [] Orange	\$50.00		
[] Large Fern [] Large Ivy	\$50.00		
[] Small Fern [] Small Ivy [] Table Top Green Plant	\$35.00		
2 ft. Green Plant	\$50.00		
3 ft. Green Plant	\$55.00		
4 ft. Green Plant	\$65.00		
5 ft. Green Plant	\$75.00		
6 ft. Green Plant	\$85.00		
7 ft. Green Plant or taller	\$17.00 per ft		
Container Selection: [] Black [] White	No charge		
CUSTOM FLORAL ARRANGEMENTS	UNIT PRICE	QTY	TOTAL
Small (12") [] Seasonal Only	\$70.00		
Medium (18") [] Seasonal [] Tropical	\$90.00		
Custom Arrangement	Quoted		
Orchids available on request	Quoted		
Special Request?			

DESIGNER SERVICE:

Meet us at our booth for consultation. Date _____ Time _____

Contact Name: _____

Subtotal _____
 Add 10% Delivery Fee _____
TOTAL _____

PAYMENT AND CANCELLATION POLICY: Payment must accompany order via credit card or check. On-site orders must be paid-in-full prior to delivery. Rental Plants cancelled 5 days prior to move-in will be refunded at 100%. Rental Plants and Floral Arrangements cancelled after move-in begins will not receive a refund. Adjustments cannot be made after the show closes.

RENTAL POLICY: Rental prices include delivery & pickup, container, and maintenance. Rental plants and containers remain the property of Convention Foliage Unlimited. Missing or damaged rental items will be charged to the exhibitor at twice the unit price. All prices are for the entire show. Substitutions may be necessary due to seasonal or geographical availability. Consult us for items not listed.

COMPANY NAME _____ BOOTH # _____

ADDRESS _____
 (Street) (City) (State) (Zipcode)

ORDERED BY _____ E-MAIL _____

PHONE _____ CELL _____

Payment Information: [] Visa [] MC [] AmEx [] Discover [] CHECK ENCLOSED (Payable to CONVENTION FOLIAGE UNLIMITED in US funds drawn on US bank)	
CARD # _____	Security Code _____ Exp. Date _____
CREDIT CARD BILLING ADDRESS (If different from above) _____ (Street) (City) (State) (Zipcode)	
Print Cardholder Name _____	Signature _____

F L O R A L O R D E R F O R M