



FLORIST ORGANIZED JUNGLE, INC.

MAILING: PO BOX 126 WINTER PARK FL. 32790
SHIPPING: 64 KANTAGREE TRAIL OSTEEN FL. 32764
PHN (407) 599-9880
EMAIL: INFO@ORGANIZEDJUNGLE.COM

G E S

Show: _____

Venue: _____

Dates: _____

DESCRIPTION FOR RENTAL	COST EACH	QUANTITY	TOTAL COST
Money Saving Booth Package Rates			
Booth Plant Package A , typical 10x10, (\$20.00 savings) One 3', One 4', One Table Top green plant	115.00		
Booth Plant Package B , For typical 10 x 20, (\$20 savings) One 3', Two 4', One Table Top Green Plant	170.00		
Table Top Green Plant	25.00		
2-3 Foot Green Plant	45.00		
4 – 5 Foot Green Plant	55.00		
6 Foot Green Plant	75.00		
7 Foot Green Plant	85.00		
8' and over Green Plant = Call For Pricing			
Flowering Plants (azaleas, etc) Red____ White____ Pink____	32.50		
Bromeliads, Yellow____ Red____ Orange____	35.00		
Large Fern____ Pothos ____ Ivy ____	35.00		
Bubble Bowl, for business cards, "Yours to keep"	25.00		
INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES			
Floral Arrangements, Please Circle Tropical or Seasonal			
Single Stem White Orchid Arrangement	70.00		
Fresh Cut Flower Arrangements 12" high (Shape _____ Color _____)	85.00		
Fresh Cut Flower Arrangements 24" high (Shape _____ Color _____)	95.00		
Custom Floral Arrangement (please ask for quote) If you have a sample picture please e-mail it to us.			
SUBTOTAL.....			
ADD 6.5% SALES TAX			
TOTAL - INCLUDING SALES TAX			

**Please contact us for
custom plants, trees,
fountains, waterfalls etc
and we can make your
ideas come to life.
Visit our website
ORGANIZEDJUNGLE.COM**

**Please email order to
info@organizedjungle.com**

**Orders are delivered prior
to show opening**

If you require a signed
delivery receipt please sign
here: _____

An additional charge of
\$20.00 will be applied.
ALL PRICES INCLUDE
DELIVERY, CONTAINERS,
SERVICING & REMOVAL
AT SHOWS END.

**NO REFUNDS OR
ADJUSTMENTS WILL BE
MADE AFTER THE CLOSE
OF THE SHOW. A 50%
RESTOCKING FEE WILL
BE CHARGED ON ANY
ORDER CANCELLED.**

PLEASE PAY THIS AMOUNT

Company: _____ Booth # _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ ext _____ Booth Contact: _____

Cell # _____ E-Mail: _____

VISA-MC-AMEX Card# _____ - _____ - _____ Exp. Date ____/____/____,

CC Billing Address: _____ City: _____

State: _____ Zip code: _____ Print Name on Card: _____

Signature: _____

RETURN COPY WITH PAYMENT TO ORGANIZED JUNGLE, INC.