

Show Name: _____
Show Dates: _____
Location: _____

Convention Plant Rental



6620 Hohman Ave. Hammond, IN 46324
(219) 932-1214 Fax: (219) 937-5771
www.conventionplantrental.com
Email: info-request@conventionplantrental.com

If you require Floral or Plant service in your Exhibit, this advance order form will expedite your service. Please fill out the following information & forward a copy to Convention Plant Rental.

FLORAL ARRANGEMENTS

___ ROUND OR OBLONG @ \$55.00 - \$65.00 - \$75.00 and up
___ ONE SIDED @ \$55.00 - \$65.00 - \$75.00 and up
COLORS DESIRED & DESCRIPTION _____

TROPICAL PLANTS AND BLOOMING PLANTS

___ 2 FEET HIGH @ \$30.00
___ 3 FEET HIGH @ \$35.00
___ 4 FEET HIGH @ \$45.00
___ 6 FEET HIGH @ \$70.00
___ POTTED FERNS @ \$30.00
___ POTTED BLOOMING MUMS @ \$20.00 - COLORS: ___ YELLOW ___ WHITE ___ LAVENDER ___ BRONZE
___ POTTED BLOOMING AZALEAS @ \$30.00

PRICE INCLUDES: PRODUCT, DELIVERY,
DECORATIVE POT COVER, MAINTENANCE, AND REMOVAL

POT COVER SELECTION:

___ WHITE ___ BLACK ___ BASKET

CONSULT US FOR ANY SPECIALTY ITEMS NOT LISTED ABOVE. OUR DESIGNERS ARE AVAILABLE TO MAKE SUGGESTIONS FITTING YOUR DISPLAY AT NO EXTRA CHARGE. STOCK INCLUDES WIDELY DIVERSIFIED DECORATIVE MATERIAL TO CARRY OUT UNUSUAL DESIGNS AND COLOR SCHEMES. VARIETIES MAY VARY FROM LOCATION AND SEASON.

IF YOU WOULD LIKE TO SCHEDULE AN APPOINTMENT WITH OUR DESIGN CONSULTANT, PLEASE CALL OUR PRODUCTION DEPARTMENT AT (219) 932-1214.

PAYMENT POLICY

ALL ORDERS ARE TO BE PAID IN FULL PRIOR TO THE OPENING OF THE SHOW/EVENT. ALL QUESTIONS REGARDING BILLING MUST BE SETTLED BY SHOW/EVENT COMPLETION. ALL ORDER CANCELLATIONS MUST BE RECEIVED 3 DAYS PRIOR TO SHOW OPENING TO RECEIVE REFUND. ANY CANCELLATIONS NOT RECEIVED AT THIS TIME ARE SUBJECT TO 100% CANCELLATION FEE.

TERMS: CASH, COMPANY CHECK, VISA, MASTER CARD, AMERICAN EXPRESS

Customer Information

Company Name: _____ Address: _____
City, State, Zip: _____ Contact Name: _____
Phone: _____ Fax: _____ Email: _____
Booth #: _____

Billing Information

Credit Card #: _____ Exp. Date: _____ Security Code: _____
Name On Card: _____ Billing Address: _____
City, State, Zip: _____ Signature: _____

RETURN COPY TO:

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