



SHOW: _____

DATES: _____

LOCATION: _____

EXHIBITOR: _____ BOOTH#: _____

CUSTOM DESIGNED ARRANGEMENTS	UNIT PRICE	QUANTITY	TOTAL
SEASONAL FLORAL ARRANGEMENT	85.00		
TROPICAL FLORAL ARRANGEMENT	95.00		
CUSTOM FLORAL ARRANGEMENT	Price on request		

PLEASE PROVIDE DESCRIPTION:

COLOR: _____ SIZE: _____ PLACEMENT LOCATION: _____

TO ORDER CUSTOMIZED FLORAL ARRANGEMENTS - CONTACT OUR DESIGN TEAM FOR DESIGN ASSISTANCE AND PRICING
 EXHIBITORSERVICE@NATIONALPLANTFLORAL.COM OR (702) 956-8011

GREEN PLANT AND BLOOMING FOLIAGE

MUM PLANTS: Yellow _____ White _____ Lavender _____	Choose container: White _____ Black _____	30.00		
AZALEAS: Pink _____ Red _____ White _____	Choose container :White _____ Black _____	35.00		
BROMELIAD Color: _____	Choose container :White _____ Black _____	45.00		
SMALL Ivy _____ Pothos _____	Choose container :White _____ Black _____	40.00		
LARGE BOSTON FERN		50.00		
3 FOOT PLANT	Choose container: White _____ Black _____	69.50		
4 FOOT PLANT	Choose container: White _____ Black _____	79.50		
5 FOOT PLANT	Choose container: White _____ Black _____	89.50		
6 FOOT PLANT	Choose container: White _____ Black _____	125.00		
5 FOOT PLANT - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Choose container: White _____ Black _____	225.00		
6 FOOT FICUS - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Choose container: White _____ Black _____	269.50		
6 FOOT PALM - TOP DRESSED - SMALL FOLIAGEAND BLOOMING	Choose container: White _____ Black _____	269.50		
8 FOOT - 14 FOOT TREE		Price on Request		

SUB TOTAL

DELIVERY, PICK UP & MAINTENANCE 20% WITH A \$50.00 MINIMUM

***PLEASE NOTE: AN ADDITIONAL DELIVERY SURCHARGE WILL APPLY FOR OUT OF AREA LOCATIONS**

GRAND TOTAL

ALL LIVE GREEN MATERIAL ON RENTAL BASIS ONLY.
ALL ORDERS MUST BE PAID IN FULL PRIOR TO THE CLOSE OF THE SHOW.
 We accept Checks, VISA, MasterCard, and American Express.

Contact National Plant & Floral to speak with one of our designers for assistance or to schedule a consult on-site.

PAYMENT: VISA MASTERCARD CHECK
 CREDIT CARD #: _____
 EXP DATE: _____ SECURITY CODE: _____
 CARDHOLDER NAME: _____
 AUTHORIZED SIGNATURE: _____
 CREDIT CARD BILLING ADDRESS: _____

 CITY: _____
 STATE: _____ ZIP CODE # _____

COMPANY NAME: _____
 BOOTH CONTACT: _____
 PHONE#: (_____) _____
 EMAIL: _____
 EMAIL CONFIRMATION COPY EMAIL STATEMENT COPY

Please Remit to:
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 exhibitorservice@nationalplantfloral.com