



CUSTOM DESIGNED ARRANGEMENTS	DESCRIPTION OF ARRANGEMENT:	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

MUMPLANTS: Yellow _____ White _____ Lavender _____	Container: White _____ Black _____	30.00		
AZALEAS: Pink _____ Red _____ White _____	Container: White _____ Black _____	35.00		
BROMELIAD Color _____	Container: White _____ Black _____	40.00		
FERN _____ or POTHOS _____ or IVY _____ 6" _____ or 8" _____	Container: White _____ Black _____	40.00		
3 - 4FT PLANT	Container: White _____ Black _____	59.50		
5 - 6 FT PLANT	Container: White _____ Black _____	79.50		
5 - 6 FT FICUS - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Container: White _____ Black _____	189.50		
5 - 6 FT PALM - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Container: White _____ Black _____	189.50		
8 - 14 FT TREE		Price on Request		
PLANTER BOX	White _____ Black _____	Price on Request		

SUB TOTAL

DELIVERY, MAINTENANCE & PICK UP 20% WITH A \$40.00 MINIMUM

25% WILL BE ADDED TO ORDERS PLACED WITHIN 5 DAYS FROM THE FIRST SHOW OPEN DAY

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.

COMPANY NAME: _____

BOOTH CONTACT: _____

PHONE#: (_____) _____

EMAIL: _____

EMAIL CONFIRMATION COPY EMAIL STATEMENT COPY

Please Remit to:
 1001 E. SUNSET # 95814 • LAS VEGAS, NV 89193
 (702) 956-8011 • FAX (702) 956-8021
 exhibitorservice@nationalplantfloral.com

NATIONAL PLANT FLORAL

PAYMENT: VISA MASTERCARD AMEX CHECK

CREDIT CARD #: _____

EXP DATE: _____ SECURITY CODE: _____

CARDHOLDER NAME: _____

AUTHORIZED SIGNATURE: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE # _____