



Convention Plant Designs, Inc.



3100 Ridgellake Dr., Ste. 107

Metairie, LA 70002

www.cpd.net

ELECTRIC POWER

May 18-20, 2010

Baltimore Convention Center

Baltimore, MD

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QUANTITY	ITEM	UNIT PRICE	TOTAL
	MUMS YELLOW WHITE OTHER	\$20.00	\$ -
	AZALEAS RED Lt. PINK WHITE	\$30.00	\$ -
	BROMELIADS	\$30.00	\$ -
	SEASONAL BLOOMING (KALANCHOES, CYCLAMEN, POINSETTIAS)	\$30.00	\$ -
	FLOWER ARRANGEMENT: Description \$55.00 & Up	-	\$ -
	TROPICAL ARRANGEMENT: Description \$65.00 & Up	-	\$ -
	Bud Vases, Boutonnieres & Corsages Priced Upon Request	-	\$ -
	6 INCH GREEN PLANT - SMALL TABLE TOP PLANT	\$20.00	\$ -
	LG. FERN - LG. IVY - LG. POTHOS	\$30.00	\$ -
	3' GREEN PLANT	\$40.00	\$ -
	4' GREEN PLANT	\$50.00	\$ -
	5' GREEN PLANT	\$60.00	\$ -
	6' GREEN PLANT	\$70.00	\$ -
	TALLER MATERIAL PRICED UPON REQUEST		
	TYPE OF CONTAINER Wicker White Black		

INQUIRE ABOUT PLANTS AND FLOWERING FOR BANQUETS AND HOSPITALITY SUITES

RENTAL PRICE INCLUDES PLANT CONTAINER, DELIVERY, INSTALLATION, MAINTENANCE AND REMOVAL

COMPANY NAME _____ TOTAL MATERIAL CHARGE \$ -

ADDRESS: _____ 5.00% SALES TAX \$ -

CITY, STATE, ZIP: _____ INVOICE TOTAL \$ -

PHONE: _____ FAX: _____ LESS PREPAYMENT _____

EMAIL ADDRESS: _____ TOTAL AMOUNT DUE \$ -

BOOTH NUMBER: _____ BOOTH REP: _____

PURCHASE ORDER NUMBER: _____ AUTHORIZED SIGNATURE: _____

Do you need a designer to help you with your selection? Date & Time: _____

POLICIES: All orders require payment in advance or payment at the show site. Cash, Check, Visa, MasterCard or American Express are accepted. If tax exempt, enclose a copy of your tax exemption certificate. Rental items missing upon dismantling are the responsibility of the exhibitor. **Missing and/or damaged product must be reported to our representatives prior to show close for any pricing adjustment.**

To charge your account for additional floral services incurred during the show, please sign the credit card authorization:
X

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING

American Express Visa* MasterCard*

Account Number: _____

*CODE ON THE BACK OF CARD

* CODE REQUIRED

Expiration Date: _____ / _____

Cardholder Name: (Please Print or Type) _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: **X** _____