Convention Plant Designs, Inc.

3100 Ridgelake Dr., Ste. 107
Metairie, LA 70002
www.cpdi.net

Phone: (504)454-7204
Fax: (504) 454-7262
E-mail: cpd@cpdi.net

Electric Power
May 15-17, 2012
Baltimore Convention Center
Baltimore, MD

QUANTITY	ITEM	UNIT PRICE	TOTAL
	PURCHASE ITEMS:		
	MUMS YELLOW ____ WHITE ____ OTHER ____	$25.00	$ -
	KALANCHOES	$30.00	$ -
	AZALEAS RED ____ Lt. PINK ____ WHITE ____	$35.00	$ -
	BROMELIADS	$35.00	$ -
	FLOWER ARRANGEMENT: Description $65.00 & Up		$ -
	TROPICAL ARRANGEMENT: Description $85.00 & Up		$ -
			$ -
	BUBBLE BOWL	$30.00	$ -
	RENTAL ITEMS:		
	6 INCH GREEN PLANT - TABLE TOP	$25.00	$ -
	LARGE FERN - LARGE IVY - LARGE POTHOS	$35.00	$ -
	3' GREEN PLANT	$45.00	$ -
	4' GREEN PLANT	$55.00	$ -
	5' GREEN PLANT	$65.00	$ -
	6' GREEN PLANT	$75.00	$ -
	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: _____ 6.00% 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** _____