



3100 Ridgeland Dr., Ste. 107
Metairie, LA 70002
www.cpd.net

Convention Plant Designs, Inc.

2016 New Orleans Investment Conference

October 26 - 29, 2016

Hilton New Orleans Riverside



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

QUANTITY	ITEM	UNIT PRICE	TOTAL
	MUMS YELLOW WHITE OTHER	\$25.00	\$ -
	AZALEAS RED Lt. PINK WHITE	\$35.00	\$ -
	BROMELIADS	\$35.00	\$ -
	SEASONAL BLOOMING<ALANCHOES, CYCLAMEN, POINSETTIA<	\$35.00	\$ -
ALL BLOOMING BASED ON AVAILABILITY			
	FLOWER ARRANGEMENT: Description	\$65 And Up	
	TROPICAL ARRANGEMENT: Description	\$85 And Up	
	Bud Vases, Boutonnieres & Corsages Priced Upon Request		\$ -
	6 INCH GREEN PLANT - SMALL TABLE TOP PLANT	\$20.00	\$ -
	LG. FERN - LG. IVY - LG. POTHOS	\$35.00	\$ -
	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, FLOWER ARRANGEMENTS AND GIFT BASKETS FOR BANQUETS AND HOSPITALITY SUITES

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

COMPANY NAME: _____ TOTAL MATERIAL CHARGE \$ -

ADDRESS: _____ 10.00% SALES TAX \$ -

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

PHONE: _____ FAX: _____ LESS PREPAYMENT _____

BOOTH NUMBER: _____ TOTAL AMOUNT DUE \$ -

EMAIL ADDRESS: _____

PRINT NAME _____ AUTHORIZED SIGNATURE: _____

ON SITE CONTACT: _____ ON SITE PHONE # _____

Do you need a Designer to help you with your selection? _____ Date/Time Designer to meet rep in booth: _____

POLICIES: All orders require payment in **Advance**. Cash, Check, Visa, MasterCard or American Express are accepted. If tax exempt, you must provide a tax exemption certificate for the state in which the Event is being held. 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. No floral arrangement cancellations one week prior to show.**

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:

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***CODE ON THE BACK OF CARD**

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*** CODE REQUIRED**

Expiration Date: _____ / _____

Cardholder Name: (Please Print or Type) _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: **X** _____