



4500 Richland Avenue
 Metairie, LA 70002
www.cpd.net

Convention Plant Designs, Inc.

2018 New Orleans Investment Conference
November 1-4, 2018
Hilton New Orleans Riverside
New Orleans, LA



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QUANTITY	ITEM	UNIT PRICE	TOTAL
	MUMS YELLOW _____ WHITE _____ OTHER _____	\$25.00	\$ -
	AZALEAS RED _____ Lt. PINK _____ WHITE _____	\$35.00	\$ -
	BROMELIADS	\$35.00	\$ -
	SEASONAL BLOOMING (KALANCHOES, CYCLAMEN, POINSETTIAS)	\$35.00	\$ -
	ALL BLOOMING BASED ON AVAILABILITY		
	FLOWER ARRANGEMENT: Description	\$65 And Up	
	TROPICAL ARRANGEMENT: Description	\$85 And Up	
	Bud Vases, Boutonnieres & Corsage 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 MATERIA 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			

COMPANY NAME: _____ TOTAL MATERIAL CHARGE \$ -

ADDRESS: _____ 10.00% SALES TAX \$ -

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

PHONE: _____ FAX: _____ LESS DOWNPAYMENT _____

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: _____

*CODE ON THE BACK OF CARD
 _____ * CODE REQUIRED

Expiration Date: _____ / _____

Cardholder Name: (Please Print or Type) _____

Billing Address: _____

City, State, Zip:

Cardholder Signature:

X
