Convention Plant Designs, Inc.

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

New Orleans Investment Conference
Nov. 1-4, 2019
Hilton Riverside New Orleans

Phone: (504)782-7204
Fax: (504)454-7262
E-mail: cpd@cpdi.net

QUANTITY		UNIT PRICE	TOTAL
	PURCHASE ITEMS:		
	MUMS YELLOW _____ WHITE _____ OTHER _____	$20.00	$ -
	KALANCHOES	$30.00	$ -
	AZALEAS RED _____ Lt. PINK _____ WHITE _____	$35.00	$ -
	BROMELIADS - BEGONIAS	$35.00	$ -
	ALL BLOOMING BASED ON AVAILABILITY		
	FLOWER ARRANGEMENT: Descripti $65.00 & Up		$ -
	CUSTOM DESIGNED ARRANGEMENT $75.00 & Up		$ -
	RENTAL ITEMS:		
	6 INCH GREEN PLANT - TABLE TOP	$25.00	$ -
	LARGE FERN - LARGE IVY - LARGE 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 White _____ Black _____		
	INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES		

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

COMPANY NAME: _____ TOTAL MATERIAL CHARGE $ -
ADDRESS: _____ 10% SALES TAX $ -
CITY, STATE, ZIP: _____ INVOICE TOTAL $ -
PHONE: _____ FAX: _____ LESS PREPAYMENT $ -
EMAIL ADDRESS: _____ TOTAL AMOUNT DUE $ -
BOOTH NUMBER: _____ ONSITE CONTACT & PH # _____

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**. 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** _____