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

SAE 2011 BRAKE
COLLOQUIUM & EXHIBITION
September 19-21, 2011
Marriott Hotel New Orleans

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: _____ 9.00% 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** _____