TLC Convention Plant Services



Mailing Address: P.O. Box 962 • Apopka • Florida 32704-0962 Street Address: 2553 Valerie Ave. • Apopka • Florida 32712-5724 (USA) (407) 889-3033 • (407) 880-0655 FAX, Email: tlcorl@aol.com

Web Site: <u>WWW.TLCCONVENTIONPLANTS.COM</u>
NOTE: If order was faxed with a credit card, you need not send original.

SHOW NAME GCSAA CTS 2026

DATE FEBRUARY 1-4, 2026

LOCATION Orange County Convention

LOCATION Orange County Convention Center

ADDITIONAL SERVICES AVAILABLE

Hospitality Suites Fountains Gardens For information please call us at (407) 889-3033

QUANTITY	OORDER THE FOLLOWING ITEMS FOR O ITEM / DESCRIPTION		NIT PRICE	TOTAL PRIC	E
HAVE A TLC DESIG	ONER CALL OUR BOOTH AT SHOW SITE	DATE:	TIME	<u>:</u>	
	Small Flower Arrangements		\$75.00		
	_ Medium Flower arrangements				
	 Custom designed arrangements Sta 		-\$300.00_		
	SizeHeightCo _ 6" Table Top (circle one: (SPATH, C _ Azaleas (preferred color: (if available	lor			
	_ 6" Table Top (circle one: (SPATH, C	ROTON)	\$20.00		
	_ Azaleas (preferred color: (if available))	\$33.00		
	_ Mums (circle one: white yellow bronz	ze iavender			
	_ 2 foot green plants _ 3 foot green plants		\$44.00		_
	4 foot green plants				
	_ 5 foot green plants		\$66.00 _		
	_ 6 foot green plants		\$77.00 _		
	_ 7 and 8 foot green plants		\$100.00 _		
	8 foot & uppriced upon request —				
Containers – (Black), (White), (Wicker)		SUE	SUB TOTAL		
Brass and other containers available		6.5% SAL	ES TAX _		
Please call for pricing		DELIVE		\$20.00	
·	If they example you much include a convert	ivave tav avammt fa			
	If tax exempt, you must include a copy of	your tax-exempt for	m.		
OPENING. We accept	container, top dressing, maintenance, installation a cash, company check, DINERS CLUB, VISA, MAS 10% cancellation fee will be charged on all orders cancellation fee will be charged on all orders cancellation.	ΓER CARD, AMERIC	ORDERS MUST AN EXPRESS	Γ BE PAID-IN-FUL . Adjustments can	L PRIOR TO a
Exhibitor Name: _		BOO	ΓΗ NO#		
	e:		L		
Firm Billing Addı	ress: City:		_ State	Zip	
Credit Card Addro	ess: City:		_ State	Zip	_
Contact Name:	PO#		Phone:		
		Fa	x:		-
	rican Express / Visa / MasterCard		CID		Exp date

Name on Credit Card:	
Authorized Signature:	