

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: WWW.TLCCONVENTIONPLANTS.COM



SHOW NAME GCSAA 2027 Conference
 DATE January 18-21, 2027
 LOCATION Ernest N. Morial Convention Center, New Orleans

WE WOULD LIKE TO ORDER THE FOLLOWING ITEMS FOR OUR EXHIBIT:

QUANTITY	ITEM / DESCRIPTION	UNIT PRICE	TOTAL PRICE
HAVE A TLC DESIGNER CALL OUR BOOTH AT SHOW SITE DATE: _____ TIME: _____			
_____	Small Flower Arrangements	\$85.00	_____
_____	Medium Flower arrangements	\$95.00	_____
_____	Custom designed arrangements Starting at \$100.00-\$300.00		_____
_____	Size _____ Height _____ Color _____		
_____	6" Tabletop (circle one: (SPATH, CROTON)	\$24.00	_____
_____	Azaleas (preferred color: (if available _____))	\$38.00	_____
_____	Mums (circle one: white yellow bronze lavender	\$28.00	_____
_____	Large Fern	\$40.00	_____
_____	Ivies	\$40.00	_____
_____	Bromeliads	\$40.00	_____
_____	2 foot green plants	\$45.00	_____
_____	3 foot green plants	\$50.00	_____
_____	4 foot green plants	\$60.00	_____
_____	5 foot green plants	\$70.00	_____
_____	6 foot green plants	\$80.00	_____
_____	7 and 8 foot green plants	\$100.00	_____
_____	8 foot & up...priced upon request _____		_____
Containers – (Black), (White), (Wicker)		SUB TOTAL	_____
Brass and other containers available		6.5% SALES TAX	_____
Please call for pricing		DELIVERY FEE	\$20.00
		TOTAL	_____

FLORAL ORDER FORM

If tax exempt, you must include a copy of your tax-exempt form.

Rental price includes: container, top dressing, maintenance, installation and pick up. ALL ORDERS MUST BE PAID-IN-FULL PRIOR TO SHOW OPENING. We accept cash, company check, DINERS CLUB, VISA, MASTER CARD, AMERICAN EXPRESS. *Adjustments cannot be made after the close of the show.* A 100% cancellation fee will be charged on all orders canceled.

Exhibitor Name: _____ **BOOTH NO#**
 Firm Billing Name: _____
 Firm Billing Address: _____ City: _____ State _____ Zip _____
 Credit Card Address: _____ City: _____ State _____ Zip _____
 Contact Name: _____ PO# _____ Phone: _____
 Email Address: _____

Credit Card: **American Express / Visa / MasterCard** **CID** **Exp date**

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Name on Credit Card: _____

Authorized Signature: _____