

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

NOTE: If order was faxed with a credit card, you need not send original.

ADDITIONAL SERVICES AVAILABLE

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

SHOW NAME GCSAA CTS 2025
 DATE FEBRUARY 3-6, 2025
 LOCATION San Diego Convention Center

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	\$75.00	_____
_____	Medium Flower arrangements	\$85.00	_____
_____	Custom designed arrangements Starting at \$100.00-\$300.00	_____	_____
_____	Size _____ Height _____ Color _____	_____	_____
_____	6" Table Top (circle one: (SPATH, CROTON))	\$20.00	_____
_____	Azaleas (preferred color: (if available _____))	\$33.00	_____
_____	Mums (circle one: white yellow bronze lavender)	\$28.00	_____
_____	Large Fern	\$40.00	_____
_____	Ivies	\$40.00	_____
_____	Bromeliads	\$40.00	_____
_____	2 foot green plants	\$40.00	_____
_____	3 foot green plants	\$44.00	_____
_____	4 foot green plants	\$55.00	_____
_____	5 foot green plants	\$66.00	_____
_____	6 foot green plants	\$77.00	_____
_____	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 _____	

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

FLORAL ORDER 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: _____ Fax: _____

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

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Name on Credit Card: _____

Authorized Signature: _____