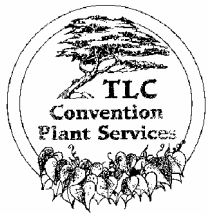


# TLC Convention Plant Services



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

Web Site: [WWW.TLCCONVENTIONPLANTS.COM](http://WWW.TLCCONVENTIONPLANTS.COM)

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

SHOW NAME Internet Telephony Conference and Expo 2005  
 DATE February 22-25, 2005  
 LOCATION Miami, Florida

ADDITIONAL  
 SERVICES  
 AVAILABLE

Hospitality Suites  
 Fountains  
 Gardens

For information  
 please call us at  
**(407) 889-3033**

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: _____			
_____	Flower arrangements	\$50.00	_____
_____	Custom designed arrangements Starting at \$75.00-\$300.00		_____
	Size _____ Height _____ Color _____		
_____	6" Table Top (circle one: (SPATH, CROTON))	\$18.00	_____
_____	Azaleas (preferred color: (if available _____))	\$30.00	_____
_____	Mums (circle one: white yellow bronze lavender)	\$25.00	_____
_____	Large Fern	\$35.00	_____
_____	Ivies	\$35.00	_____
_____	Bromeliads	\$35.00	_____
_____	2 foot green plants	\$35.00	_____
_____	3 foot green plants	\$40.00	_____
_____	4 foot green plants	\$50.00	_____
_____	5 foot green plants	\$60.00	_____
_____	6 foot green plants	\$70.00	_____
_____	7 and 8 foot green plants	\$90.00	_____
_____	8 foot & up...priced upon request		_____

**Containers – (Black), (White), (Wicker)**

Brass and other containers available  
 Please call for pricing

DELIVERY FEE \$10.00

SUB TOTAL \_\_\_\_\_

6.5% SALES TAX \_\_\_\_\_

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 CLOSING. We accept cash, company check, VISA, MASTER CARD, AMERICAN EXPRESS. *Adjustments cannot be made after the close of the show.* A 60% restocking fee will be charged on any order canceled.

Exhibitor Name: \_\_\_\_\_  
 Firm, Billing Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Purchase Order or Reference Number: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (MC-VISA-AM.EX.)  
 Name of Credit Card Holder as shown on card \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

**BOOTH  
 NUMBER** ►