

# NATIONAL PLANT FLORAL



March 18-21, 2024 • Las Vegas Convention Center  
Education: March 18-19 • Trade Show: March 20-21



CUSTOM DESIGNED ARRANGEMENTS	DESCRIPTION OF ARRANGEMENT:	UNIT PRICE	QUANTITY	TOTAL
SEASONAL FLORAL ARRANGEMENT		85.00		
TROPICAL FLORAL ARRANGEMENT		95.00		
CUSTOM FLORAL ARRANGEMENT		Price on request		

PLEASE PROVIDE DESCRIPTION:

COLOR: \_\_\_\_\_ SIZE: \_\_\_\_\_ PLACEMENT LOCATION: \_\_\_\_\_

TO ORDER CUSTOMIZED FLORAL ARRANGEMENTS - CONTACT OUR DESIGN TEAM FOR DESIGN ASSISTANCE AND PRICING  
EXHIBITORSERVICE@NATIONALPLANTFLORAL.COM OR (702) 956-8011

### GREEN PLANT AND BLOOMING FOLIAGE

MUMPLANTS: Yellow _____ White _____ Lavender _____	Container: White _____ Black _____	30.00		
AZALEAS: Pink _____ Red _____ White _____	Container: White _____ Black _____	35.00		
BROMELIAD Color _____	Container: White _____ Black _____	40.00		
FERN _____ or POTHOS _____ or IVY _____ 6" _____ or 8" _____	Container: White _____ Black _____	40.00		
3 - 4FT PLANT	Container: White _____ Black _____	59.50		
5 - 6 FT PLANT	Container: White _____ Black _____	79.50		
5 - 6 FT FICUS - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Container: White _____ Black _____	189.50		
5 - 6 FT PALM - TOP DRESSED - SMALL FOLIAGE & BLOOMING	Container: White _____ Black _____	189.50		
8 - 14 FT TREE		Price on Request		
PLANTER BOX	White _____ Black _____	Price on Request		

**SUB TOTAL**

**DELIVERY, MAINTENANCE & PICK UP 20% WITH A \$40.00 MINIMUM**

**25% WILL BE ADDED TO ORDERS PLACED WITHIN 5 DAYS FROM THE FIRST SHOW OPEN DAY**

**GRAND TOTAL**

**ALL LIVE GREEN MATERIAL ON RENTAL BASIS ONLY.**  
**ALL ORDERS MUST BE PAID IN FULL PRIOR TO THE CLOSE OF THE SHOW.**

We accept Checks, VISA, MasterCard, and American Express.

Contact National Plant & Floral to speak with one of our designers for assistance or to schedule a consult on-site.

PAYMENT:  VISA  MASTERCARD  AMEX  CHECK

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BOOTH CONTACT: \_\_\_\_\_

PHONE#: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL CONFIRMATION COPY  EMAIL STATEMENT COPY

Please Remit to:  
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