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.***

SHOW NAME IAAPA EXPO 2026
DATE November 16-20, 2026
LOCATION Orange County Convention Center

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

FLORAL ORDER FORM

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)
Brass and other containers available
Please call for pricing

SUB TOTAL _____
6.5% SALES TAX _____
DELIVERY FEE $20.00
TOTAL _____

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: _____ Fax: _____

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

Name on Credit Card: _____

Authorized Signature: _____