F L O R I S T

ORGANIZED JUNGLE, INC.

MAILING: PO BOX 126 WINTER PARK FL. 32790
SHIPPING: 64 KANTAGREE TRAIL OSTEEN FL. 32764
PHN (407) 599-9880
EMAIL: INFO@ORGANIZEDJUNGLE.COM

vision expo

DESCRIPTION FOR RENTAL	COST EACH	QUANTITY	TOTAL COST
Money Saving Booth Package Rates			
Booth Plant Package A, typical 10x10, ($20.00 savings) One 3', One 4', One Table Top green plant	**115.00**		
Booth Plant Package B, For typical 10 x 20, ($20 savings) One 3', Two 4', One Table Top Green Plant	**170.00**		
Table Top Green Plant	**25.00**		
2-3 Foot Green Plant	**50.00**		
4 – 5 Foot Green Plant	**60.00**		
6 Foot Green Plant	**80.00**		
7 Foot Green Plant	**90.00**		
8' and over Green Plant = Call For Pricing			
Flowering Plants Red___ White___ Pink___	**35.50**		
Bromeliads, Yellow____ Red____ Orange____	**35.00**		
Large Fern_____ Pothos _____ Ivy _____	**35.00**		
Bubble Bowl, for business cards, "Yours to keep"	**25.00**		
INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES			
Floral Arrangements, Please Circle *Tropical* or *Seasonal*			
Single Stem White Orchid Arrangement	**70.00**		
Fresh Cut Flower Arrangements 12" high (Shape _____ Color _____)	**95.00**		
Fresh Cut Flower Arrangements 24" high (Shape _____Color _____)	**115.00**		
Custom Floral Arrangement (please ask for quote) If you have a sample picture please e-mail it to us.			
SUBTOTAL……			
ADD 6.5% SALES TAX ……			
TOTAL - INCLUDING SALES TAX ……			

Please contact us for custom plants, trees, fountains, waterfalls etc and we can make your ideas come to life.
Visit our website ORGANIZEDJUNGLE.COM

Please email order to info@organizedjungle.com

Orders are delivered prior to show opening
If you require a signed delivery receipt please sign here: _____
An additional charge of $20.00 will be applied.
ALL PRICES INCLUDE DELIVERY, CONTAINERS, SERVICING & REMOVAL AT SHOWS END.
NO REFUNDS OR ADJUSTMENTS WILL BE MADE AFTER THE CLOSE OF THE SHOW. A 50% RESTOCKING FEE WILL BE CHARGED ON ANY ORDER CANCELLED.

PLEASE PAY THIS AMOUNT

Company: _____ Booth #_____
Address: _____
City: _____ State: _____ Zip: _____-_____
Phone: (_____)_____ext_____ Booth Contact: _____
Cell # _____ E-Mail:_____
VISA-MC-AMEX Card#_____-_____-_____-_____ Exp. Date___/___,
CC Billing Address:_____City:_____
State:_____Zip code:_____ Print Name on Card: _____
Signature: _____

RETURN COPY WITH PAYMENT TO ORGANIZED JUNGLE, INC.