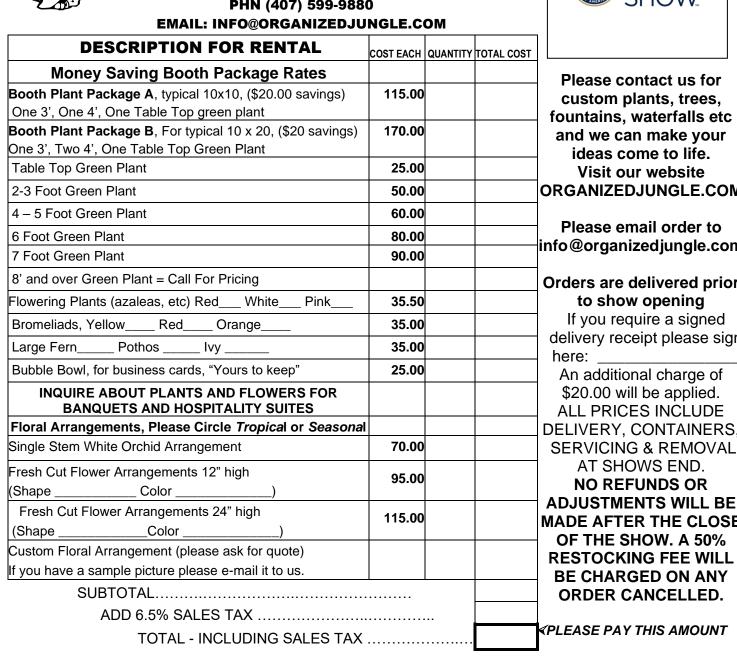# FLORIST
ORGANIZED JUNGLE, INC.

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

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 (azaleas, etc) 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.