



**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, FAX (407) 599-9885
EMAIL: INFO@ORGANIZEDJUNGLE.COM**



DESCRIPTION FOR RENTAL	COST EACH	QUANTITY	TOTAL COST
Money Saving Booth Package Rates			
Booth Plant Package A , typical 10x10, One 3', One 4', One Table Top green plant	130.00		
Booth Plant Package B , For typical 10 x 20, One 3', Two 4', One Table Top Green Plant	170.00		
Table Top Green Plant	30.00		
2-3 Foot Green Plant	55.00		
4 – 5 Foot Green Plant	65.00		
6 Foot Green Plant	85.00		
7 Foot Green Plant	95.00		
8' and over Green Plant = Call For Pricing			
Mums, Yellow ____ White ____ Lavender____, If Available	35.00		
Flowering Plants (azaleas, etc) Red ____ White ____ Pink ____	37.50		
Bromeliads, Yellow ____ Red ____ Orange ____	40.00		
Large Fern ____ Pothos ____ Ivy ____	40.00		
Bubble Bowl, for business cards, "Yours to keep"	35.00		
INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES			
Floral Arrangements, Please Circle <i>Tropical</i> or <i>Seasonal</i>			
Single Stem White Orchid Arrangement	80.00		
Fresh Cut Flower Arrangements 12" high (Shape _____ Color _____)	75.00		
Fresh Cut Flower Arrangements 24" high (Shape _____ Color _____)	100.00		
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 PAY THIS AMOUNT

Visit our website
ORGANIZEDJUNGLE.COM

Please fax order to
407-599-9885
Orders are delivered prior
to show opening

ALL PRICES INCLUDE
DELIVERY, CONTAINERS,
SERVICING & REMOVAL
AT SHOWS END.

**Pre Show orders due by
OCTOBER 16, 2015**

**NO REFUNDS OR
ADJUSTMENTS WILL BE
MADE AFTER THE CLOSE
OF THE SHOW. A 50%
RESTOCKING FEE WILL
BE CHARGED ON ANY
ORDER CANCELLED.**

**ON-SITE ORDERS 20%
ADDITIONAL**

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.