

The National Eating Disorders Association's Annual Conference - 2014 Set up 2pm, Thursday, October 16, 2014, Strike 4pm Saturday, October 18, 2014 San Antonio Marriott Rivercenter Hotel / Salon H, I, J, K & L Floral/Plant Order Form

Capers

825 E. Locust Street San Antonio, TX. 78212

Phone: 210.226.6652 Fax: 210.223.9933 Email: greg@capersdmc.com

1

kendra@capersdmc.com

QUANTITY			ITEM		UNIT PRICE	TOTAL
	PURCHASE	ITEMS:				
	MUMS	YELLOW	WHITE	OTHER	\$25.00	\$
	KALANCHO	DES		-	\$30.00	\$
	AZALEAS	RED	Lt. PINK	WHITE	\$35.00	\$
	BROMELIAI	DS			\$45.00	\$
	FLOWER AR Seasonal Floral	RANGEMENT: I Color Prefere		\$75.00 & Up		\$
	TROPICAL A	ARRANGEMENT	: Description	\$85.00 & Up		\$
						\$
	BUBBLE BO	WL			\$30.00	\$
	RENTAL IT	EMS:				
	6 INCH GRE	EN PLANT - TAE	BLE TOP		\$25.00	\$
	LARGE FER	N - LA	ARGE IVY	- LARGE POTHOS	\$35.00	\$
	3' GREEN PI	LANT			\$45.00	\$
	4' GREEN PLANT				\$55.00	\$
	5' GREEN PI	LANT			\$65.00	\$
	6' GREEN PI	LANT			\$75.00	\$
INQ	UIRE ABOUT F	PLANTS AND FL	OWERING FOR	BANQUETS AND HOSI	PITALITY SUIT	ES

BOOTH (required with order)

10% discount offered to all participating exhibitors for Trade Show

PLEASE Sign & Fax back to our offices for confirmation: 210.223.9933

*all orders must be received by Thursday, October 9, 2014

Never send Credit Card Information via email!

BOOTH (required with order) #	
COMPANY NAME:	TOTAL <u>MATERI</u> AL CHARGE <u>\$</u>
ADDRESS:	8.25% SALES TAX <u>\$</u> -
CITY, STATE, ZIP:	INVOICE TOTAL <u>\$</u>
PHONE: FAX:	LESS PREPAYMENT <u>\$</u> -
EMAIL ADDRESS:	TOTAL AMOUNT DUE <u>\$</u> -
BOOTH NUMBER: F	SOOTH REP:
	IZED SIGNATURE:
Do you need a designer to help you with your selection?	Date & Time:
POLICIES: All orders require payment in advance or payment at the show site. Cash exempt, enclose a copy of your tax exemption certificate. Rental items missing upon product must be reported to our representatives prior to show close for any pricing ad To charge your account for additional floral services incurred du X	dismantling are the responsibility of the exhibitor. Missing and/or damaged justment.
IF PAYING BY CREDIT CARD, PLEA American Express Visa* Account Number: Expiration Date:/	SE COMPLETE THE FOLLOWING MasterCard* *CODE ON THE BACK OF CARD *CODE REQUIRED
* Cardholder Name: (Please Print or Type)	
* Billing Address:	
* City, State, Zip:	
* Cardholder Signature: X	