SHORT TERM
PLANT RENTAL, INC.
448 Terraine Avenue
Long Beach, CA 90814
(562) 494-7777
Fax (562) 498-3800
www.shorttermplantrental.com

AMERICAN COLLEGE OF SURGEONS
TRAUMA QUALITY
Anaheim Convention Center
November 16-17, 2018

QUALITY AND SERVICE	Cost Each	Quantity	Total
RENTAL			
3 Foot Green Plant	**45.00**		
4 Foot Green Plant	**55.00**		
5 Foot Green Plant	**65.00**		
6 Foot Green Plant	**75.00**		
8 Foot Green Plant	**100.00**		
Boston Fern Regular	**30.00**		
Boston Fern Large	**40.00**		
Regular 6" Ivy	**30.00**		
Large 8" Ivy	**40.00**		
Regular 6" Pothos	**30.00**		
Large 8" Pothos	**40.00**		
BLOOMING PLANTS			
Chrysanthemums Yellow	**30.00**		
White	**30.00**		
Lavender	**30.00**		
Potted Orchid	**75.00**		
Bromeliads	**40.00**		
Azaleas (seasonal)	**40.00**		
Kalanchoe	**40.00**		
Succulents	**40.00**		
PROFESSIONAL FLORAL SERVICE			
Cut Flower Arrangement 16" high	**75.00**		
Cut Flower Arrangement 24" high	**95.00**		
Custom Succulent Arrangement	**100-300.00**		
Long Stem Roses	**95.00**		
Bubble bowl (for business cards only)	**30.00**		

TOTAL PLANTS AND FLOWERS ..... _____

ADD 8.00% SALES TAX ..... _____

TOTAL INCLUDING SALES TAX ..... _____

SHOW ID 9662-18

RENTAL POLICY
All plants and materials are rental basis only. Items missing from booths are responsibility of the exhibitor and may be subject to additional charges.

DESIGN SERVICES
Our designers will be glad to make suggestions for your exhibit at no extra charge.

ALL PRICES INCLUDE:
- **Installation**
- **Servicing**
- **Top Dressing**
- **Decorative Containers**
- **Removal at end of show**

ALL GREEN PLANTS FOR RENTAL ONLY

CHOICE OF CONTAINERS
Please check one
☐ **WHITE**
☐ **BLACK**

PAYMENT POLICY
ALL ORDERS MUST BE PAID IN FULL PRIOR TO THE OPENING OF THE SHOW

RETURN THIS ORDER FORM WITH CHECK TO SHORT TERM PLANT RENTAL OR FAX WITH CREDIT CARD INFO TO (562) 498-3800 or EMAIL tim@shorttermplantrental.com

Company _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____
Party in Charge _____ **BOOTH #** _____
Authorized Signature _____
Credit Card _____ **Visa** _____ **M/C** _____ **AmEx** **Expiration Date** _____
Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **CVV#** |_|_|_|_|