



**THE SECRET GARDEN**  
 199 New Road - Central Square  
 LINWOOD, NJ 08221  
 Phone (609) 926-8999  
 Fax (609) 926-1356  
[www.secretgardenlinwood.com](http://www.secretgardenlinwood.com)

**EXHIBITOR  
 PRICE and ORDER  
 FORM**

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FLORAL ARRANGEMENTS	Cost Each	Quantity	Total
Fresh Floral Arrangement \$65 (small) \$80.00 (Medium) \$125 (Large)			
Dozen Long-stem rose arrangement Specify color _____	75.00		
Medium Tropical Floral Arrangement 14" High	95.00		
Large Tropical Floral Arrangement 24" High	125.00		

RENTAL GREEN & FLOWERING PLANTS	Cost Each	Quantity	Total
Chrysanthemums ___ yellow ___ white ___ lavender ___	17.00		
Azaleas ___ pink ___ red ___ white ___	35.00		
Seasonal Flowering Plant - Cyclamen Pink ___ White ___	30.00		
Tropical Bromeliad Plant	30.00		
Green Table Plant	35.00		
Medium ___ fern ___ ivy ___ pothos	30.00		
Large Fern	40.00		
3 Foot Green Foliage Plant	39.50		
4 Foot Green Foliage Plant	49.50		
5 Foot Green Foliage Plant	59.50		
6 Foot Green Foliage Plant	89.50		

ADVANCE ORDER SPECIAL	Cost Each	Quantity	Total
1 Fresh Floral Arrangement 15 - 18" High	155.50		
1 Green Table Plant			
2 - 3 Foot Green Foliage Plants			
		<b>SUBTOTAL</b>	
		<b>6.625 SALES TAX</b>	
		<b>TOTAL</b>	



ON SITE ORDERS SUBJECT TO AVAILABILITY

**PRICES INCLUDE INSTALLATION, SERVICING AND REMOVAL OF ALL PLANTS AT END OF SHOW**

ALL PLANTS INCLUDE DECORATIVE CONTAINERS

PLEASE CONSULT US FOR SPECIAL ITEMS NOT LISTED ABOVE

**RETURN THIS ORDER FORM WITH PAYMENT TO THE SECRET GARDEN**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ **BOOTH #** \_\_\_\_\_  
 Contact Person at Show \_\_\_\_\_

**PAYMENT POLICY: ALL ORDERS MUST BE PAID IN ADVANCE**

Enclose your check or credit card information as indicated below.

Make checks payable to: **THE SECRET GARDEN**

- American Express (15 digits)     Visa (13 or 16 digits)     MasterCard (16 digits)     Check

Credit Card Number \_\_\_\_\_ CARD SECURITY CODE \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16      MM      Y Y

Name on Credit Card

Authorized Signature