

Northeast Decorating & Exhibit Services
 225 Wilkinson Street
 Syracuse NY 13204
 Phone: 315- 471- 9989
 Fax: 315- 471- 0237

CNY Blooms Flower & Garden Show
 On Center Complex-Syracuse, NY
 March 3-7, 2010

Equipment Order Form
NOTE: ORDERS MUST BE RECEIVED BY FEBRUARY 24, 2010

JOB: 2749

<u>Qty</u>	<u>Description</u>		<u>Amount</u>
Wood Display Tables			
_____	4'x 24" Table (Plain, w/ Vinyl Topping Only)	\$	15.00 _____
_____	6'x 24" Table " "		15.00 _____
_____	8'x 24" Table " "		15.00 _____
_____	6'x 30" Table " "		16.00 _____
_____	8'x 30" Table " "		16.00 _____
_____	Extension Legs (ONLY) to raise above table to 40" High-Set of 4		5.00 _____
_____	30" Round Cafe Table (30"High <u>OR</u> 40" High- CIRCLE HEIGHT CHOICE)		15.00 _____
_____	48" Round Table		15.00 _____
_____	60" Round Table		18.00 _____
Table Skirting Colors: (Show Colors)			
_____	30"High Skirting	\$	20.00 _____
_____	40"High Skirting (Includes Extension Legs for 40"High)		25.00 _____
Chairs			
_____	Folding Chair (White <u>OR</u> Gray)	\$	6.00 _____
_____	Padded Chair		8.50 _____
_____	Bar Stool (Econo-Padded seat, no back)		25.00 _____
_____	Bar Stool (Deluxe-Padded back & seat)		35.00 _____
Carpeting-PLEASE CIRCLE COLOR CHOICE **Facility is NOT Carpeted			
_____	10'x 10' (Blue Red Gray Black Burgundy)	\$	45.00 _____
_____	10' x 20' " " " " "		80.00 _____
_____	10' x 30' " " " " "		120.00 _____
Miscellaneous			
_____	Floodlight Unit (2-150 watt floods on 8' upright pole)		25.00 _____
_____	Wastebasket		6.50 _____
_____	Tripod Easel		20.00 _____
_____	Bag Holder		25.00 _____

Payment Policy: FULL PAYMENT MUST ACCOMPANY THIS PRE-ORDER Sub Total: _____
 Above rental prices are for the duration of the show and include delivery and ** 8.00%
 pick-up of equipment to/from designated spaces. All material to remain the property of Northeast Decorating. Prices listed above cover rental only. Sales Tax: + _____
 ******PLEASE PRINT CLEARLY & FILL IN COMPLETELY** Total Due: _____

Name: _____ Booth# _____
 Company: _____
 Address: _____ PHONE: () _____
 City, State, Zip: _____ FAX: () _____

() Charge my Visa/MC/AMEX# _____ Exp. Date _____