

Floral Order Form 2026



WYNN LAS VEGAS

ENCORE LAS VEGAS

ORDERING: To order items for your booth or meeting room, please fill out this form and email a copy to catering@wynnlasvegas.com at least three (3) weeks prior to the event date.

CONFIRMATION: Your Catering Manager will confirm order details on a Catering Event Order which will be forwarded via email. Your on-site contact must be present to sign for receipt of your order and any additions.

DELIVERY: Your onsite contact must be present to sign for receipt of your order and any additions.

Company Name:			Booth # or Room:		
Address:			On site Contact:		
City:	State:	Zip:	Cell Number:		
Ordered By:		Phone:	Delivery Date:		Time:
Email:		Fax:	Show Date(s):		Time(s):

Phalaenopsis Orchid Plant Requests	Qty	Rate
Single Bloom White Orchid		\$125.00
Double Bloom White Orchid		\$150.00

Fresh Cut Floral Requests	Qty	Rate
Small (= 7" for cocktail table)		\$130.00
Medium (= 18" for countertop or bar)		\$250.00
Large (= 32" for booth or buffet)		\$600.00
X-Large (=48" for focal point or statement)		\$850.00

Flowers will stay fresh for one day and then require a refresh.

Custom Floral Request	Qty	Rate
Description:		

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State budget above or Catering Manager will contact you with pricing confirmation of your request(s).

Refresh Request	Qty	Rate
Small (= 7" for cocktail table) Refresh		\$65.00
Medium (= 18" for countertop or bar) Refresh		\$125.00
Large (= 32" for booth or buffet) Refresh		\$300.00

Refresh Request	Qty	Rate
X-Large (=48" for focal point or statement) Refresh		\$425.00
Other Refresh"		\$

To keep arrangements in pristine condition every day, the flowers will require a refresh and replacement of all expired blooms.
Refresh fees are starting rates.

PAYMENT INFORMATION

By check: Made payable to Wynn Las Vegas and mailed to the address above, attention Catering Manager's name.

By credit card: After processing you will receive an email which contains a web-link to enter your credit card information on a secure site.

TOTAL:
8.375% Tax
(Excluding refresh fees)
TOTAL AMOUNT DUE:

Authorized Signature: _____