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| LOGOCOL9 | **Fall In Love with Orchids 2019****and The Mid-America Orchid Congress****September 14-15, 2019**www.wisconsinorchidsociety.com**Registration** (Please type or print legibly) |
|  | **First Registrant** | **Second Registrant** |
| **Name (for your name tag)** |  |  |
| **Society Affiliation** |  |  |
| Street Address |  |  |
| **City, State/Province, Zip** |  |  |
| **Telephone** |  |  |
| **E-Mail** |  |  |
| **AOS Judging Status (please circle)** | Emeritus Accredited Associate Student | Emeritus Accredited Associate Student |
| **Participating in ribbon judging?**  | Yes | No |  | Yes | No |  |
| **Do you wish to clerk?** | Yes | No |  | Yes | No |  |
| **Participating in AOS judging?** | Yes | No |  | Yes | No |  |
|  | **First Registrant** | **Second Registrant** | **Sub Total** |
| **Full Registration (includes welcome bag, and unlimited access to show, vendors, and speakers)** | $70 | $70 |  |
| **Full Registration (after 8/31/19)** | $85 | $85 |  |
| **Banquet – Mediterranean Buffet** | $45 | $45 |  |
| **Affiliated Societies Breakfast**  | $25 | $25 |  |
| Please let us know if you have any dietary restrictions. We will do our best to accommodate your needs. |
|  |  | **TOTAL PAYMENT** | **\_\_\_\_\_\_\_\_\_\_\_\_**\_ |

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| **Are you flying into Mitchell International?** If you fill in your flight details, we will provide them and your contact information to other registrants who may want to share a taxi or shuttle to/from the hotel. | Arrival Date: | Airline: | Flight #: | Time: |
| Departure Date: | Airline: | Flight #: | Time: |

Return this registration form with a check payable to Wisconsin Orchid Society to:

**Bruce Efflandt; 3518 North 98th Street; Milwaukee, WI 53222-2410**