|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | **\_\_\_\_\_\_\_\_\_\_\_\_**\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**