

WEST PALM BEACH JUDGING CENTER ---- REQUEST FOR AOS JUDGING

Sponsoring AOS Affiliated Society:

AOS Member No:

Exp. Date:

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Orchid Show

Outreach Judging

Show/Event:

Name:	Date(s):
Location: _____ _____	
AOS Judging Date:	Time:

Society's Committee Chair Contact:

Show Chair Name:	
Phone:	Email:

Proposed AOS Judging Personnel:

AOS Judging Chair Name <i>(may be any Accredited Judge from WPBJC):</i> _____	
Additional Certified Judges who have agreed to serve <i>(at least four names are required for approval):</i>	
1.	2.
3.	4.

Proposed AOS Photographer Contact:

Name:	
Phone:	Email:

Society's AOS Representative:

Name:	
Phone:	Email:
AOS Member Number:	Expiration Date:

Please NOTE and review with all exhibitors: Unless an exhibitor has clearly indicated that a specific entry is NOT to be AOS Judged: "All plants exhibited at an AOS-sanctioned show / event shall be considered as candidates for an award.....the exhibitor is obligated to accept and pay the fee for any award granted..." (Reference: AOS Judging Handbook, Section 5.3.1

Are you requesting an AOS Show Trophy? (Yes) (No)

Bulk Award Payment? (Yes) (No)

(Required for events outside the U.S.; Optional for domestic locations)

Payment for all AOS awards granted at this show or event must be provided by the Society's Show Chair (listed on page 1) to the AOS Judging Chair (listed on page 1) immediately upon conclusion of this show or event.

AOS Award Fee, \$40 Member Rate, will be applied to ALL bulk payment awards.

AOS will bulk mail **all award certificates** for this show or event to:

Name: _____

Address: _____

Domestic Societies (when choosing NOT to use Bulk Award Payment):

AOS Award Fee (\$40 Member; \$60 Non-Member) will be billed directly to exhibitors using contact information provided on their award form.

Submittal/Approval Process:

1. Complete **ALL** above Sections of this Request form

2. **Calculate the show fees and decide payment method** *Make check payable to The American Orchid Society*

Required AOS Show Fees.....\$60

-or-

Show Trophy Fee (optional).....\$70

Total\$_____

_____ Credit Card Number

_____ Exp Date

_____ CVC Code

_____ Billing ZIP Code

_____ Cardholder Name

3. At least **4 months prior** to your Show or Event, mail or email (credit card payment info required) this completed form along with show fees to the WPBJC Judging Chairman:

Jackie Wood—Chair
1360 SW 18th Street
Boca Raton, FL 33486
bocaorchidlady@aol.com

For WPBJC Use Only:

Date Approved for WPBJC by Chairman _____, Date: _____