

Registration Form

American Hemerocallis Society – Region 2 Winter Symposium February 24-26, 2012

Name _____
(As it will appear on your name tag)

Others included in this registration _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone () _____

May we include your information on the distributed list of attendees Yes _____ No _____

Clinics: Please check if you will be attending the clinics.

Exhibition Judging Workshop 1 _____

Garden Judges Workshop 1 _____

(Fee for each clinic is payable at the door \$5.00. Each attendee **must** bring the current revision of "Judging Daylilies" to the clinic)

Fee: \$99.00 per Person (After February 8, 2012 – \$110.00)
Youth Members \$40.00 anytime

Mail total due (Payable to AHS Region 2) to:

Gail Braunstein
3010 McIntire Road
Morrow, Ohio 45152
(513) 899-2497
gailbraunstein@hotmail.com

Please make your own hotel reservations

Crown Plaza Hotel
55901 Pfeiffer Road
Cincinnati, Ohio 45242
(513) 793-4500 - (513) 793-1710

