



**AMERICAN ORCHID SOCIETY**

at Fairchild Tropical Garden  
10901 Old Cutler Rd  
Coral Gables, FL 33156

Phone: (305) 740-2010 Fax: (305) 747-7154

**Application for AOS-Judged Show or Event**

Is this for an AOS Show?      Outreach Judging?      Other kind of Event?

*Current AOS Membership for Society and AOS Rep are required for AOS Show Approval Sponsoring*

Affiliated Society \_\_\_\_\_

Society AOS Member No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Society's AOS Representative \_\_\_\_\_

Rep AOS Member No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of Show/Event \_\_\_\_\_

Show Location/Venue \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Show/Event Dates \_\_\_\_\_ Date of AOS Judging \_\_\_\_\_

Show/Event Times \_\_\_\_\_ Judging Time \_\_\_\_\_

Show/Event Chair \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Judging Center responsible for AOS Judging \_\_\_\_\_

AOS Show Judging Chair (for your show/event) \_\_\_\_\_

Names of at least four (4) other Certified Judges who have consented to serve, of which two (2) are accredited

Certified Judge Name \_\_\_\_\_ Certified Judge Name \_\_\_\_\_

Certified Judge Name \_\_\_\_\_ Certified Judge Name \_\_\_\_\_

Name of photographer who has consented to serve: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Note:** Cost of award photography is the responsibility of the host society, not the exhibitor

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Judging Center Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

Are you requesting an AOS Show Trophy?      Yes       No

**Note:** Please note that AOS Show Trophies will be delivered in person by Judging Center on the scheduled day of judging

**AOS SHOW FEES**

Judging/Processing Fees (waived for outreach judging)      \$60.00

AOS Show Trophy (If requested)      \$70.00

I have paid online under Order No \_\_\_\_\_

I enclose my check or money order made payable (US Funds) through a US Bank to: American Orchid Society

Charge my credit card:     MasterCard     Visa     American Express     Discover

Cardholder Name (Please Print) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Total \$ \_\_\_\_\_