



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-Sanctioned Show/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 _____
Show Location/Venue _____
Address _____
City _____ State _____ Zip _____ Country _____
Show Dates _____ Date of AOS Judging _____
Show Times _____ Judging Time _____

Show/Event Chair _____
Email _____ Phone _____

Judging Center responsible for AOS Judging _____
AOS Show Judging Chair (for your show) _____

Names of at least four (4) other Certified Judges who have consented to serve, of which three (3) 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 \$ _____